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Attorneys for Jarred Soliz Claimant

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION**

In re	)	Case No. 19-30088 (DM)
	)	Chapter 11
PG&E CORPORATION,	)	(Lead Case--Jointly Administered)
and)	
PACIFIC GAS AND ELECTRIC	)	MOTION OF JARRED SOLIZ FOR
COMPANY	)	RECONSIDERATION OF THE ORDER
	)	DISALLOWING AND EXPUNGING
Debtors	)	PROOF OF CLAIM PURSUANT TO
	)	REORGANIZED DEBTORS' ONE
	)	HUNDRED SIXTEENTH OMNIBUS
Affects:	)	OBJECTION TO CLAIMS (ADR NO
<input type="checkbox"/> PG&E Corporation	)	LIABILITY CLAIMS); MEMORANDUM
<input type="checkbox"/> Pacific Gas & Electric Company	)	OF POINTS AND AUTHORITIES;
<input checked="" type="checkbox"/> Both Debtors	)	DECLARATION OF GARY LOCURTO
	)	IN SUPPORT
	)	[Re: Docket No. 12652; Claim Nos. 13
	)	92126, 92155, 02148]
* All papers shall be filed in the Lead)	
Case,	)	Date: September 13, 2022
No. 19-30088 (DM).	)	Time: 10:00 a.m. (Pacific)
	)	Place: Telephonic Appearances Only
	)	United States Bankruptcy
	)	Court: Courtroom 17, 16th Floor
	)	San Francisco, CA 94102
)	
	)	Objection Deadline: September 6, 2022

1 TO THE HONORABLE DENNIS MONTALI, UNITED STATES BANKRUPTCY COURT
2 JUDGE, THE OFFICE OF THE UNITED STATES TRUSTEE, AND ALL INTERESTED
3 PARTIES:

4 Singleton Schreiber and Marshack Hays LLP, respectfully files this motion on behalf of
5 Jarred Soliz (“Mr. Soliz” or “Movant”) pursuant to 11 U.S.C § 502(j) and Rules 3008 and 9023 of
6 the Federal Rules of Bankruptcy, for reconsideration of the Court’s *Order Disallowing and*
7 *Expunging Proofs of Claim Pursuant to Reorganized Debtors’ One Hundred Sixteenth Omnibus*
8 *Objection to Claims (ADR No Liability)* entered on July 20, 2022, as Dk. No. 12652.

9 **1. Summary of Argument**

10 A claim that has been allowed or disallowed may be reconsidered for cause. A reconsidered
11 claim may be allowed or disallowed according to the equities of the case. Cause includes a creditor
12 missing a deadline as a result of excusable neglect.

13 In this case, Debtors filed their 116th omnibus claim objection (“Objection”) which covered
14 the claims filed by Jarred Soliz arising from an explosion on his property caused by PG&E
15 equipment. At the time that the Objection was filed, Mr. Soliz’ attorneys were in contact with the
16 Debtors’ claim administration agency. Indeed, Mr. Soliz’ attorneys responded to the administrator
17 with the necessary documents proving up the timely-filed claim. Assuming the issue had been
18 resolved by furnishing the information requested by the administrator, Mr. Soliz’ attorneys did not
19 oppose the Objection which was then granted by default.

20 As such, the failure to respond to the Objection is attributable to Mr. Soliz’s counsel’s
21 mistaken belief that responding to the administrator was sufficient to moot or resolve the Objection.
22 Because of this mistake, Mr. Soliz’s claims were disallowed. The purpose of Section¹ 502(j) is to
23 reach the correct result of disallowing claims that are not enforceable and allowing claims that are
24 proper claims entitled to distributions. Because Mr. Soliz’s claims arise from damage caused by
25 Debtors’ equipment, the equities of the case support granting this motion and allowing the claims.

26
27 ¹ Unless otherwise indicated, all Section references are to Title 11 of the United States Code.
28

1 **2. Factual Background**

2 **A. Movant's Claims²**

3 Movant rented and resided at the real property located at 2332 Black Walnut Road, San Luis
4 Obispo, CA 93405 ("Property"). In December 2018, Movant survived an explosion of a smart meter
5 transformer box stemming from PG&E equipment.

6 On December 27, 2019, attorney John Lemon timely filed three Proofs of Claim Nos. 92126,
7 92155, 02148 on behalf of Movant (collectively, the "Proofs of Claim" or "Claims"). A true and
8 correct copy of the Claims are attached to the Declaration of Gary LoCurto ("LoCurto Declaration")
9 as Exhibit "1³." Thereafter, Mr. Lemon became a partner at Singleton Schreiber and eventually Gary
10 LoCurto became the managing/handling attorney with respect to Movant's Claims.

11 On May 13, 2022, Singleton Schreiber received Claim Support ID Information Requests ("ID
12 Info Request") for all three Proofs of Claims. After collecting all the necessary information, on June
13 15, 2022, Singleton Schreiber responded to the ID Info Request.

14 **B. Pertinent Bankruptcy Background**

15 On January 29, 2019, PG&E Corporation and Pacific Gas and Electric Company ("Debtors"
16 or "PG&E") commenced these bankruptcy cases ("Chapter 11 Cases") under Chapter 11 of Title 11
17 of the United States Code. PG&E's chapter 11 filings were necessitated by a confluence of factors
18 resulting from catastrophic fires that occurred in Northern California prior to the Petition Date, and
19 PG&E's resulting liabilities.

20 The deadline for filing proofs of claim with respect to any prepetition claim including, but
21 not limited to, all claims of Fire Claimants, Wildfire Subrogation Claimants, Governmental Units
22 and Customers, and for the avoidance of doubt including all secured claims and priority claims,
23 against either of the Debtors was October 21, 2019, at 5:00 p.m. ("General Bar Date").
24
25

26
27 ² See, Declaration of Gary LoCurto ("LoCurto Declaration"), ¶¶4-6.

28 ³ Exhibit "2" has been amended to omit list of approximately 1600 links to websites in regard to valuations of items. If Court requires a full copy, Singleton Schreiber will provide prior to hearing.

1 The deadline for filing claims was extended to December 31, 2019 (“Extended Bar Date”),
2 solely for the benefit of any non-governmental Fire Claimants who did not file Proofs of Claim by
3 the General Bar Date. *See*, Dk. No. 4672.

4 On January 31, 2020, as Dk. No. 5590, Debtors filed an Amended Chapter 11 Plan Debtors'
5 and Shareholder Proponents' Joint Chapter 11 Plan of Reorganization Dated January 31, 2020.

6 On February 7, 2020, as Dk. No. 5700, the Debtors filed a Disclosure Statement for the
7 Amended Plan.

8 On February 19, 2020, as Dk. No. 5835, the Debtors filed Motion for Entry of an Order
9 (I) Approving Form and Manner of Notice of Hearing on Proposed Disclosure Statement;
10 (II) Establishing and Approving Plan Solicitation and Voting Procedures; (III) Approving Forms of
11 Ballots, Solicitation Packages, and Related Notices; and (IV) Granting Related Relief (“Solicitation
12 Procedures Motion”).

13 On March 17, 2020, the Solicitations Procedures Motion was approved.

14 After filing multiple iterations of the plan, on June 19, 2020, as Dk. No 8048, the Debtors
15 filed an Amended Joint Chapter 11 Plan of Reorganization dated June 19, 2020 (“Plan”).

16 On June 20, 2020, post-voting and hotly contested confirmation hearings, the bankruptcy
17 court entered an order confirming the Plan. *See*, Dk. No. 8053.

18 Sections 4.7 and 4.26 of the Plan provide that any Fire Victim Claim⁴ shall be “permanently
19 channeled to the Fire Victim Trust, and such Claim shall be asserted exclusively against the Fire
20 Victim Trust”

21 Certain of the ADR No Liability Claims⁵ were filed on Fire Victim Proof of Claim Forms
22 and/or asserted fire-related damage and were thus preliminarily identified as Fire Victim Claims, to
23 be administered, processed, settled, disallowed, resolved, liquidated, satisfied, and/or paid in
24

25
26
27 ⁴ Capitalized terms used in this Section II but not otherwise defined shall have the meanings ascribed to them in the Plan.
28 ⁵ See, Order Approving ADR and Related Procedures for Resolving General Claims, dated September 25, 2020 [Docket No. 9148] (the “ADR Procedures Order”), seeking entry of an order disallowing and expunging the Proofs of Claim attached as Exhibit 1 to the Objection.

1 accordance with the Fire Victim Trust Agreement and the Fire Victim Claims Resolution
2 Procedures.

3 These ADR No Liability Claims recently were determined by the Fire Victim Trustee and the
4 Reorganized Debtors not to have arisen from one of the specific Fires defined in Section 1.86 of the
5 Plan, and thus did not constitute Fire Victim Claims, as defined in Section 1.79 of the Plan. Instead,
6 these ADR No Liability Claims are general unsecured claims against the Reorganized Debtors,
7 subject to all of the Reorganized Debtors' legal and equitable rights with respect to such claims.

8 Accordingly, Debtors objected to certain ADR No Liability Claims including that of Movant
9 which did not stem from one of the enumerated Fires.

10 **C. Omnibus Objection Motion⁶**

11 On June 16, 2022, as Dk. No. 12506, the Debtors filed the One Hundred Sixteenth Omnibus
12 Objection to Claims (ADR No Liability Claims) ("Omnibus Objection Motion"). The basis of the
13 Objection was Movant did not respond to an information request such that Debtors were unable to
14 determine any basis for liability on the Claims.

15 On June 24, 2022, Singleton Schreiber came across the Omnibus Objection Motion on
16 Kroll Restructuring Administration⁷ ("Kroll") online platform.⁸ Singleton Schreiber immediately
17 contacted Kroll to inquire as to how to address the Objection.

18 On June 27, 2022, Kroll responded, acknowledging the Objection and further instructed
19 Singleton Schreiber to submit Movant's case documents supporting his Claims. Kroll never advised
20 Singleton Schreiber that a further response to the Objection would also be required.

21 Accordingly, on June 28, 2022, Movant's case documents were submitted by Singleton
22 Schreiber, per Kroll's instruction. A true and correct copy of the documents submitted to Kroll which
23 demonstrate the validity of Movant's Claims is attached to the LoCurto Declaration as Exhibit "2."

24
25 ⁶ See, LoCurto Declaration, ¶¶7-12.

26 ⁷ Formerly known as Prime Clerk LLC.

27 ⁸ On June 30, 2022, formal notice of the Omnibus Objection was received, which was mailed to Attorney John Lemon.
28 The response deadline was July 12, 2022 and the hearing, if objection timely made, was July 26, 2022.

As such, Singleton Schreiber was under the impression that providing the supporting documents as Kroll advised would resolve or moot the Objection.

On July 20, 2022, as Dk. No. 12652, the Court entered the *Order Disallowing and Expunging Proofs of Claim Pursuant to Reorganized Debtors' One Hundred Sixteenth Omnibus Objection to Claims (ADR No Liability)* (“Disallowance Order” or “Denial Order”).

On August 2, 2022, Singleton Schreiber reached out to Kroll to find out why the Claims were dismissed, given their prior instructions. Despite the information having been provided to them, Kroll informed Singleton Schreiber that because the Objection was formally unopposed, the Claims had been disallowed by order entered on July 20. Because of counsel’s mistake and the fact that proper claims should be compensated, good cause exists to grant this Motion.

3. Legal Argument

A. Good Cause Exists to Reconsider the Order Disallowing Claims

Section 502(j) provides that:

A claim that has been allowed or disallowed may be reconsidered **for cause**. A reconsidered claim may be allowed or disallowed according to the equities of the case. Reconsideration of a claim under this subsection does not affect the validity of any payment or transfer from the estate made to a holder of an allowed claim on account of such allowed claim that is not reconsidered, but if a reconsidered claim is allowed and is of the same class as such holder’s claim, such holder may not receive any additional payment or transfer from the estate on account of such holder’s allowed claim until the holder of such reconsidered and allowed claim receives payment on account of such claim proportionate in value to that already received by such other holder. This subsection does not alter or modify the trustee’s right to recover from a creditor any excess payment or transfer made to such creditor.

11 U.S.C. §502(j).

Rule 3008 of the Federal Rules of Bankruptcy Procedure (“FRBP”) explains the process of 11 U.S.C. §502(j), and provides that “[a] party in interest may move for reconsideration of an order allowing or disallowing a claim against the estate. The court after a hearing on notice shall enter an appropriate order.” Fed. R. Bankr. P. 3008, Advisory Committee’s Note (1983) (“Reconsideration of a claim that has been previously allowed or disallowed after objection is discretionary with the court.”).

Courts recognize that a motion for reconsideration under §502(j) can be filed at any time. *Levoy v. U.S. (In re Levoy)*, 182 B.R. 827, 832 (9th Cir. BAP 1995). Accordingly, courts apply the

1 same standards under §502(j) as they would apply under Rule 9023 and Rule 9024. *See, e.g., United*
2 *Student Funds, Inc. v. Wylie (In re Wylie)*, 349 B.R. 204, 209 (9th Cir. BAP 2006) (“When
3 reconsideration under Rule 3008 is sought after the [] appeal period has expired, the motion is subject
4 to the constraints of FRCP 60(b) as incorporated by Rule 9024.”).

5 Moreover, pursuant to Fed. R. Civ. P. 60(b), a court may relieve a party of its legal
6 representative from a final order “(1) mistake, inadvertence, surprise, or excusable neglect.” Fed. R.
7 Civ. P. 60(b)(1). To that end, Rule 60(b) motion “must be made within a reasonable time—and for
8 [mistake, inadvertence, surprise, or excusable neglect] no more than a year after the entry of the
9 judgment or order or the date of the proceeding. Indeed, the following factors favor Rule 60(b)(1)
10 relief on the basis of excusable neglect: “the danger of prejudice to the debtor, the length of the delay
11 and its potential impact on judicial proceedings, the reason for the delay, including whether it was
12 within the reasonable control of the movant, and whether the movant acted in good faith.” *Iopa v.*
13 *Saltchuk-Young Brothers, Ltd.*, 916 F.3d 1298, 1301 (9th Cir. 2019) (*per curiam*) (*quoting Pioneer*
14 *Inv. Servs. Co. v. Brunswick Assocs. Ltd. P’ship*, 507 U.S. 380, 395, 113 S. Ct. 1489, 123 L. Ed. 2d 74
15 (1993)); *see also, Kemp v. United States*, 142 S. Ct. 1856 (2022)

16 In this case, the length of the delay between entry of the Disallowance Order and this request
17 for relief from that order—roughly one month—is insignificant. *See, Harvest v. Castro*, 531 F.3d
18 737, 747 (9th Cir. 2008) (concluding that 64-day delay was “substantial” and cut against granting
19 Rule 60(b)(1) relief). Indeed, the delay in filing the Motion is reasonable considering immediately
20 upon becoming aware of the issue and receiving all necessary information, Singleton Schreiber
21 prepared and filed this Motion.

22 Additionally, the explanation provided for the delay demonstrates a genuine, good faith
23 mistake that sending of the requested information to the Kroll (the entity in charge of claims
24 administration) resolved the Objection. Indeed, counsel was in contact with Kroll at the time of the
25 Claim Objection for the processing of the Proofs of Claim and reasonably believed that any objection
26 to the Claims had been resolved by submission of the requested documents. Moreover, this
27 overcomes the Objection to the Claims as the basis for the Objection was a lack of information. *See,*
28 *LoCurto Decl., Exhibit “2.”*

1 Moreover, due to the change in the handling attorney the notice of the 116th omnibus
2 objection was not registered by the handling attorney – Gary LoCurto - at Singleton Schreiber firm.
3 Plainly put, counsel was unaware of the Objection because of garden-variety negligence and, there is
4 an explanation to that effect as noted above.

5 Importantly, Debtors would not be prejudiced which favors a finding of excusable neglect as
6 Debtors’ estates are solvent, and all creditors stand to be paid. *See, e.g., In re Best Payphones, Inc.*,
7 523 B.R. 54, 75-6 (Bankr. S.D.N.Y. 2015) and *In re Sheehan Mem’l Hosp.*, 507 B.R. 802, 803
8 (Bankr. W.D.N.Y. 2014). Any prospect of prejudice beyond solvency is unlikely given (a) all
9 distributions have not yet been made; and (b) the value of Movant’s claims relative to the value of
10 Debtors’ estates is low. *See, e.g., In re Keene Corp.*, 188 B.R. 903, 910 (Bankr. S.D.N.Y. 1995).
11 Lastly, given the status of distributions there will be little to no disruption to efficient judicial
12 administration should the Motion be granted. *Pioneer Inv. Servs. v. Brunswick Assocs. Ltd. P’ship*,
13 507 U.S. 380, 397, 113 S. Ct. 1489, 1499 (1993).

14 Based on the above circumstances, and in consideration of the equities of the case, Movant
15 respectfully submits that good cause exists for the Court to reconsider its Denial Order disallowing
16 the Claim.

17 ///

18 ///

1 **4. Conclusion**

2 For the reasons set forth above, Movants respectfully requests that this Court (i) reconsider
3 the disallowance and expungement of Movant's Claims; (ii) allow the Movant's Claims to proceed
4 as a general unsecured claim – not a Fire Victim Claim; and (iii) grant such other or further relief as
5 the Court deems just and proper.

6
7 Dated: August 17, 2022

MARSHACK HAYS LLP

8 By: /s/ Laila Masud

9 RICHARD A. MARSHACK

LAILA MASUD

10 Attorneys for JARRED SOLIZ

11 Dated: August 17, 2022

SINGLETON SCHREIBER LLP

12 By: /s/ Gerald Singleton

13 GERALD SINGLETON

14 GARY LOCURTO

15 Attorneys for JARRED SOLIZ
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Declaration of Gary LoCurto

I, GARY LOCURTO, say and declare as follows:

1. I am an individual over 18 years of age and competent to make this Declaration.

2. If called upon to do so, I could and would competently testify as to the facts set forth in this Declaration. The facts set forth below are true of my personal knowledge or through information collected by my staff from Mr. Jarred Soliz ("Movant").

3. I am an attorney with Singleton Schreiber LLP ("Singleton Schreiber") and I make this declaration in support of the Motion to Reconsider Disallowance of Proof of Claims ("Motion").

4. Movant is a survivor of an explosion of a smart meter transformer box that occurred in December of 2018. Specifically, Movant rented and resided at the real property located at 2332 Black Walnut Road, San Luis Obispo, CA 93405 ("Property").

5. On December 27, 2019, attorney John Lemon timely filed three Proofs of Claim 92126, 92155, 02148 on behalf of Movant. Sometime thereafter, Mr. Lemon became a partner at Singleton Schreiber. A true and correct copy of the Claims is attached as Exhibit "1." Lemon asked that I, assist him by representing Movant moving forward.

6. On May 13, 2022, we received Claim Support ID Information Requests for all three Proofs of Claims, to which we responded on June 15, 2022.

7. On June 24, 2022, we came across the Omnibus Objection Motion on Kroll's online platform. We immediately contacted Kroll to inquire as to how to address the Objection.

8. On June 27, 2022, Kroll responded acknowledging the Objection and further instructed us to submit Movant's case documents supporting his claims. Kroll never advised us that we should respond to the Objection.

9. On June 28, 2022, we submitted Movant's case documents, per Kroll's instruction. A true and correct copy of the documents submitted to Kroll which demonstrate the validity of Movant's Claims is attached as Exhibit "2." As such, I was under the impression that providing the supporting documents *as Kroll advised* would moot the Objection.

1 10. On June 30, 2022, Singleton Schreiber received formal notice of the Omnibus
2 Objection which was mailed to Attorney John Lemon who is not the handling attorney for the
3 Claims.

4 11. On July 20, 2022, as Dk. No. 12652, the Court entered the *Order Disallowing and*
5 *Expunging Proofs of Claim Pursuant to Reorganized Debtors' One Hundred Sixteenth Omnibus*
6 *Objection to Claims (ADR No Liability)* ("Disallowance Order" or "Denial Order").

7 12. On August 2, 2022, we reached out to Kroll to find out why the Claims were
8 disallowed, given their prior instruction. They then informed us that even though we provided the
9 necessary documents because we did not formally respond to the Objection, the Claims were
10 disallowed.

11 13. Wherefore, Singleton Schreiber now brings this Motion based on excusable neglect to
12 prevent Movant from being prejudiced.

13 I declare under penalty of perjury that the foregoing is true and correct.

14 Executed on August ___, 2022.

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16
17 

18 GARY LOCURTO

19 4871-3832-0942, v. 3
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EXHIBIT 1

United States Bankruptcy Court, Northern District of California

Fill in this information to identify the case (Select only one Debtor per claim form):

☒ PG&E Corporation (19-30088)

☐ Pacific Gas and Electric Company (19-30089)

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Unless an exception in the Bar Date Order applies to you, you should not use this form to submit a claim that arises out of or relates to the fires that occurred in Northern California prior to January 29, 2019.

Part 1: Identify the Claim

1. Who is the current creditor?	Jarred Soliz Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Jarred Soliz C/O Attorney John C. Lemon 1350 Columbia Street, Suite 600 San Diego, CA 92101	Where should payments to the creditor be sent? (if different) Contact phone 619-794-0423 Contact email john@jcl-lawoffice.com
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	Filed on _____ MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	\$ <u>unknown</u> Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <u>a fire that destroyed my apartment</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ Up to \$2,850 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$12,850) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Signature: John C. Lemon
John C. Lemon (Dec 27, 2019)

Email: john@jcl-lawoffice.com

Signature

Print the name of the person who is completing and signing this claim:

Name	John C. Lemon		
	First name	Middle name	Last name
Title	Attorney		
Company	Law Offices of John C. Lemon, APC		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	1350 Columbia Street, Suite 600		
	Number	Street	
	San Diego	CA	92101
	City	State	ZIP Code
Contact phone	619-794-0423	Email	john@jcl-lawoffice.com

Attach Supporting Documentation (limited to a single PDF attachment that is less than 5 megabytes in size and under 100 pages):

☐ I have supporting documentation.
(attach below)

☒ I do not have supporting documentation.

PLEASE REVIEW YOUR PROOF OF CLAIM AND SUPPORTING DOCUMENTS AND REDACT ACCORDINGLY PRIOR TO UPLOADING THEM. PROOFS OF CLAIM AND ATTACHMENTS ARE PUBLIC DOCUMENTS THAT WILL BE AVAILABLE FOR ANYONE TO VIEW ONLINE.

IMPORTANT NOTE REGARDING REDACTING YOUR PROOF OF CLAIM AND SUPPORTING DOCUMENTATION When you submit a proof of claim and any supporting documentation you must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. The responsibility for redacting personal data identifiers (as defined in Federal Rule of Bankruptcy Procedure 9037) rests solely with the party submitting the documentation and their counsel. Prime Clerk and the Clerk of the Court will not review any document for redaction or compliance with this Rule and you hereby release and agree to hold harmless Prime Clerk and the Clerk of the Court from the disclosure of any personal data identifiers included in your submission. In the event Prime Clerk or the Clerk of the Court discover that personal identifier data or information concerning a minor individual has been included in a pleading, Prime Clerk and the Clerk of the Court are authorized, in their sole discretion, to redact all such information from the text of the filing and make an entry indicating the correction.

Instructions for Proof of Claim

United States Bankruptcy Court

12/15

These instructions and definitions generally explain the law. In certain circumstances, such as bankruptcy cases that debtors do not file voluntarily, exceptions to these general rules may apply. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the bankruptcy process and privacy regulations.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

How to fill out this form

- **Fill in all of the information about the claim as of January 29, 2019.**
- **Fill in the caption at the top of the form.**
- **If the claim has been acquired from someone else, then state the identity of the last party** who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.
- **Attach any supporting documents to this form.**
Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *redaction* on the next page.)

Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called “Bankruptcy Rule”) 3001(c) and (d).
- **Do not attach original documents because attachments may be destroyed after scanning.**
- **If the claim is based on delivering health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.**
- **A Proof of Claim form and any attached documents must show only the last 4 digits of any social security number, individual’s tax identification number, or financial account number, and only the year of any person’s date of birth.** See Bankruptcy Rule 9037.
- **For a minor child, fill in only the child’s initials and the full name of the child’s parent or guardian.** For example, write *A.B., a minor child (John Doe, parent)*. See Bankruptcy Rule 9037.

Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, either enclose a stamped self-addressed envelope and a copy of this form. You may view a list of filed claims in this case by visiting the Claims and Noticing Agent's website at <https://restructuring.primeclerk.com/page>.

Understand the terms used in this form

Administrative expense: Generally, an expense that arises after a bankruptcy case is filed in connection with operating, liquidating, or distributing the bankruptcy estate. 11 U.S.C. § 503.

Claim: A creditor’s right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (5). A claim may be secured or unsecured.

Creditor: A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

Debtor: A person, corporation, or other entity who is in bankruptcy. Use the debtor’s name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

Evidence of perfection: Evidence of perfection of a security interest may include documents showing that a security interest has been filed or recorded, such as a mortgage, lien, certificate of title, or financing statement.

Information that is entitled to privacy: A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual’s tax identification number, or a financial account number, only the initials of a minor’s name, and only the year of any person’s date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

Priority claim: A claim within a category of unsecured claims that is entitled to priority under 11 U.S.C. § 507(a). These claims are paid from the available money or property in a bankruptcy case before other unsecured claims are paid. Common priority unsecured claims include alimony, child support, taxes, and certain unpaid wages.

Proof of claim: A form that shows the amount of debt the debtor owed to a creditor on the date of the bankruptcy filing. The form must be filed in the district where the case is pending.

Redaction of information: Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to **privacy** on the *Proof of Claim* form and any attached documents.

Secured claim under 11 U.S.C. § 506(a): A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of § 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

Setoff: Occurs when a creditor pays itself with money belonging to the debtor that it is holding, or by canceling a debt it owes to the debtor.

Unsecured claim: A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

Please send completed Proof(s) of Claim to:

If by first class mail:

PG&E Corporation Claims Processing Center
c/o Prime Clerk LLC
Grand Central Station, PO Box 4850
New York, NY 10163-4850

If by overnight courier or hand delivery:

PG&E Corporation Claims Processing Center
c/o Prime Clerk LLC
850 Third Avenue, Suite 412
Brooklyn, NY 11232

You may also hand deliver your completed Proof(s) of Claim to any of the following service center offices (beginning July 15, 2019 through the Bar Date (October 21, 2019) during the hours of 8:30 a.m. – 5:00 p.m. Prevailing Pacific Time):

Chico Service Center
350 Salem Street
Chico, CA 95928

Marysville Service Center
231 "D" Street
Marysville, CA 95901

Napa Service Center
1850 Soscol Ave. Ste 105
Napa, CA 94559

Oroville Service Center
1567 Huntoon Street
Oroville, CA 95965

Redding Service Center
3600 Meadow View Road
Redding, CA 96002

Santa Rosa Service Center
111 Stony Circle
Santa Rosa, CA 95401

Photocopy machines will not be available at the Claim Service Centers; you must bring a photocopy of your claim if you wish to receive a date-stamped copy.

Do not file these instructions with your form

Electronic Proof of Claim_ULK\$K27386


Final Audit Report


2019-12-28


Created:	2019-12-28
By:	Prime Clerk E-Filing (efiling@primeclerk.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAMcNxUqhfjigq7csvToW-WbfU4H32aJqZ

"Electronic Proof of Claim_ULK\$K27386" History

 Web Form created by Prime Clerk E-Filing (efiling@primeclerk.com)
2019-12-28 - 0:16:42 AM GMT

 Web Form filled in by John C. Lemon (john@jcl-lawoffice.com)
2019-12-28 - 0:22:18 AM GMT- IP address: 174.79.253.133

 (User email address provided through API User-Agent: Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/70.0.3538.102 Safari/537.36 Edge/18.18362)
2019-12-28 - 0:22:20 AM GMT- IP address: 174.79.253.133

 Signed document emailed to John C. Lemon (john@jcl-lawoffice.com) and Prime Clerk E-Filing (efiling@primeclerk.com)
2019-12-28 - 0:22:20 AM GMT

Prime Clerk

POWERED BY
Adobe Sign

United States Bankruptcy Court, Northern District of California

Fill in this information to identify the case (Select only one Debtor per claim form):

- ☐ PG&E Corporation (19-30088)
- ☒ Pacific Gas and Electric Company (19-30089)

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Unless an exception in the Bar Date Order applies to you, you should not use this form to submit a claim that arises out of or relates to the fires that occurred in Northern California prior to January 29, 2019.

Part 1: Identify the Claim

1. Who is the current creditor?	Jarred Soliz Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Jarred Soliz C/O Attorney John C. Lemon 1350 Columbia Street, Suite 600 San Diego, CA 92101 Contact phone 619-794-0423 Contact email john@jcl-lawoffice.com	Where should payments to the creditor be sent? (if different) Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	\$ unknown. Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. a fire that destroyed claimant's apartment _____
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ Up to \$2,850 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$12,850) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Signature: John C. Lemon
John C. Lemon (Dec 27, 2019)

Email: john@jcl-lawoffice.com

Signature

Print the name of the person who is completing and signing this claim:

Name John C. Lemon

First name

Middle name

Last name

Title Attorney

Company Law Offices of John C. Lemon, APC

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1350 Columbia Street, Suite 600

Number Street

San Diego

CA

92101

City

State

ZIP Code

Contact phone 619-794-0423

Email

john@jcl-lawoffice.com

Attach Supporting Documentation (limited to a single PDF attachment that is less than 5 megabytes in size and under 100 pages):

☐ I have supporting documentation.
(attach below)

☒ I do not have supporting documentation.

PLEASE REVIEW YOUR PROOF OF CLAIM AND SUPPORTING DOCUMENTS AND REDACT ACCORDINGLY PRIOR TO UPLOADING THEM. PROOFS OF CLAIM AND ATTACHMENTS ARE PUBLIC DOCUMENTS THAT WILL BE AVAILABLE FOR ANYONE TO VIEW ONLINE.

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Instructions for Proof of Claim

United States Bankruptcy Court

12/15

These instructions and definitions generally explain the law. In certain circumstances, such as bankruptcy cases that debtors do not file voluntarily, exceptions to these general rules may apply. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the bankruptcy process and privacy regulations.

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How to fill out this form

- **Fill in all of the information about the claim as of January 29, 2019.**
- **Fill in the caption at the top of the form.**
- **If the claim has been acquired from someone else, then state the identity of the last party** who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.
- **Attach any supporting documents to this form.**
Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *redaction* on the next page.)

Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called “Bankruptcy Rule”) 3001(c) and (d).
- **Do not attach original documents because attachments may be destroyed after scanning.**
- **If the claim is based on delivering health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.**
- **A Proof of Claim form and any attached documents must show only the last 4 digits of any social security number, individual’s tax identification number, or financial account number, and only the year of any person’s date of birth.** See Bankruptcy Rule 9037.
- **For a minor child, fill in only the child’s initials and the full name of the child’s parent or guardian.** For example, write *A.B., a minor child (John Doe, parent)*. See Bankruptcy Rule 9037.

Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, either enclose a stamped self-addressed envelope and a copy of this form. You may view a list of filed claims in this case by visiting the Claims and Noticing Agent's website at <https://restructuring.primeclerk.com/page>.

Understand the terms used in this form

Administrative expense: Generally, an expense that arises after a bankruptcy case is filed in connection with operating, liquidating, or distributing the bankruptcy estate. 11 U.S.C. § 503.

Claim: A creditor’s right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (5). A claim may be secured or unsecured.

Creditor: A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

Debtor: A person, corporation, or other entity who is in bankruptcy. Use the debtor’s name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

Evidence of perfection: Evidence of perfection of a security interest may include documents showing that a security interest has been filed or recorded, such as a mortgage, lien, certificate of title, or financing statement.

Information that is entitled to privacy: A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual’s tax identification number, or a financial account number, only the initials of a minor’s name, and only the year of any person’s date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

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Proof of claim: A form that shows the amount of debt the debtor owed to a creditor on the date of the bankruptcy filing. The form must be filed in the district where the case is pending.

Redaction of information: Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to **privacy** on the *Proof of Claim* form and any attached documents.

Secured claim under 11 U.S.C. § 506(a): A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of § 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

Setoff: Occurs when a creditor pays itself with money belonging to the debtor that it is holding, or by canceling a debt it owes to the debtor.

Unsecured claim: A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

Please send completed Proof(s) of Claim to:

If by first class mail:

PG&E Corporation Claims Processing Center
c/o Prime Clerk LLC
Grand Central Station, PO Box 4850
New York, NY 10163-4850

If by overnight courier or hand delivery:

PG&E Corporation Claims Processing Center
c/o Prime Clerk LLC
850 Third Avenue, Suite 412
Brooklyn, NY 11232

You may also hand deliver your completed Proof(s) of Claim to any of the following service center offices (beginning July 15, 2019 through the Bar Date (October 21, 2019) during the hours of 8:30 a.m. – 5:00 p.m. Prevailing Pacific Time):

Chico Service Center
350 Salem Street
Chico, CA 95928

Marysville Service Center
231 "D" Street
Marysville, CA 95901

Napa Service Center
1850 Soscol Ave. Ste 105
Napa, CA 94559

Oroville Service Center
1567 Huntoon Street
Oroville, CA 95965

Redding Service Center
3600 Meadow View Road
Redding, CA 96002

Santa Rosa Service Center
111 Stony Circle
Santa Rosa, CA 95401

Photocopy machines will not be available at the Claim Service Centers; you must bring a photocopy of your claim if you wish to receive a date-stamped copy.

Do not file these instructions with your form


Electronic Proof of Claim_N!FO@27386


Final Audit Report


2019-12-28


Created:	2019-12-28
By:	Prime Clerk E-Filing (efiling@primeclerk.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA9ExA-hYU4Q5jY7tNYkplceGf_Vr2W23t

"Electronic Proof of Claim_N!FO@27386" History

 Web Form created by Prime Clerk E-Filing (efiling@primeclerk.com)
2019-12-28 - 0:23:12 AM GMT

 Web Form filled in by John C. Lemon (john@jcl-lawoffice.com)
2019-12-28 - 0:26:32 AM GMT- IP address: 174.79.253.133

 (User email address provided through API User-Agent: Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/70.0.3538.102 Safari/537.36 Edge/18.18362)
2019-12-28 - 0:26:34 AM GMT- IP address: 174.79.253.133

 Signed document emailed to Prime Clerk E-Filing (efiling@primeclerk.com) and John C. Lemon (john@jcl-lawoffice.com)
2019-12-28 - 0:26:34 AM GMT

Prime Clerk

POWERED BY
Adobe Sign

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA (SAN FRANCISCO DIVISION)

In re:
PG&E CORPORATION,
- and -
PACIFIC GAS AND ELECTRIC
COMPANY,
Debtors.

Bankruptcy Case
No. 19-30088 (DM)

Chapter 11
(Lead Case)
(Jointly Administered)

Proof of Claim (Fire Claim Related)

Read the instructions before filing this claim form. This form is for tort claimants who have a claim against the Debtors (i.e. PG&E Corporation and Pacific Gas and Electric Company) that arose prior to the Debtors filing for bankruptcy (i.e. prior to January 29, 2019) and that arose from, or relates to, a fire.

Do not use this form for non-fire claims. Non-fire tort claimants should use Form 410.

Do NOT file a fraudulent claim. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Please type or print in the spaces below. Do NOT use red ink or pencil.

Part 1: Identify the Claim

1. Who is the current creditor?	Jarred Soliz Name of the current creditor (the person or entity to be paid for this claim)	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Are you filing this claim on behalf of your family? A family is a group of two or more people related by birth, marriage, domestic partnership, or adoption and residing together. All such people are considered as members of one family.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If you checked "Yes", please provide the full name of each family member that you are filing on behalf of: _____ _____ _____ _____	
4. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Name Jarred Soliz Attorney Name (if applicable) John C. Lemon Attorney Bar Number (if applicable) 175847 Street Address 1350 Columbia Street, Suite 600 City San Diego State CA Zip Code 92101 Phone Number 619-794-0423 Email Address john@jcl-lawoffice.com	Where should payments to the creditor be sent? (if different) Name _____ Attorney Name (if applicable) _____ Attorney Bar Number (if applicable) _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____ Email Address _____
5. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
6. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2:**Give Information About the Claim as of the Date this Claim Form is Filed**

7. What fire is the basis of your claim? Check all that apply.	<input type="checkbox"/> Camp Fire (2018) <input type="checkbox"/> North Bay Fires (2017) <input type="checkbox"/> Ghost Ship Fire (2016) <input type="checkbox"/> Butte Fire (2015) <input checked="" type="checkbox"/> Other (please provide date and brief description of fire: <u>Dec. 29, 2018 fire that was caused by a defective PG&E Smart Meter</u>
8. What are the loss location(s) where you and/or your family suffered harm? (e.g. home or business address, place of injury, place from which you were evacuated, if different.)	Location(s): <u>2332 Black Walnut Road</u> <u>San Luis Obispo, California 93405</u>
9. How were you and/or your family harmed? Check all that apply	<input checked="" type="checkbox"/> Property Damage (homes, structures, personal property, land, trees, landscaping, and all other property damage) <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Renter <input type="checkbox"/> Occupant <input type="checkbox"/> Other (Please specify): _____ <input checked="" type="checkbox"/> Personal Injury <input type="checkbox"/> Wrongful Death (if checked, please provide the name of the deceased) _____ <input type="checkbox"/> Business Loss/Interruption <input checked="" type="checkbox"/> Lost wages and earning capacity <input checked="" type="checkbox"/> Loss of community and essential services <input type="checkbox"/> Agricultural loss <input checked="" type="checkbox"/> Other (Please specify): <u>Any and all losses recoverable under California law</u>
10. What damages are you and/or your family claiming/seeking? Check all that apply	<input checked="" type="checkbox"/> Economic damages (including replacement cost of damaged property, diminution in value, loss of use, lost inventory, lost profits, and other economic damage) <input checked="" type="checkbox"/> Non-economic damages (including loss of society and support, loss of consortium, pain and suffering, emotional distress, annoyance and discomfort, and other non-economic damage) <input checked="" type="checkbox"/> Punitive, exemplary, and statutory damages <input checked="" type="checkbox"/> Attorney's fees and litigation costs <input checked="" type="checkbox"/> Interest <input checked="" type="checkbox"/> Any and all other damages recoverable under California law <input type="checkbox"/> Other (Please specify): _____
11. How much is the claim?	<input type="checkbox"/> \$ _____ (optional) <input checked="" type="checkbox"/> Unknown / To be determined at a later date

Part 3: Sign Below

The person completing this proof of claim must sign and date it.
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ☐ I am the creditor.
☒ I am the creditor's attorney or authorized agent.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Signature: John C. Lemon
John C. Lemon (BAE 2/19/19)

Email: john@jcl-lawoffice.com

Signature

Print the name of the person who is completing and signing this claim:

Name	John C. Lemon		
	First name	Middle name	Last name
Title	Attorney		
Company	Law Offices of John C. Lemon, APC		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	1350 Columbia Street, Suite 600		
	Number	Street	
	San Diego	CA	92101
	City	State	ZIP Code
Contact phone	619-794-0423	Email	john@jcl-lawoffice.com

Attach Supporting Documentation (limited to a single PDF attachment that is less than 5 megabytes in size and under 100 pages):

☐ I have supporting documentation.
(attach below)

☒ I do not have supporting documentation.

PLEASE REVIEW YOUR PROOF OF CLAIM AND SUPPORTING DOCUMENTS AND REDACT ACCORDINGLY PRIOR TO UPLOADING THEM. PROOFS OF CLAIM AND ATTACHMENTS ARE PUBLIC DOCUMENTS THAT WILL BE AVAILABLE FOR ANYONE TO VIEW ONLINE.

IMPORTANT NOTE REGARDING REDACTING YOUR PROOF OF CLAIM AND SUPPORTING DOCUMENTATION When you submit a proof of claim and any supporting documentation you must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. The responsibility for redacting personal data identifiers (as defined in Federal Rule of Bankruptcy Procedure 9037) rests solely with the party submitting the documentation and their counsel. Prime Clerk and the Clerk of the Court will not review any document for redaction or compliance with this Rule and you hereby release and agree to hold harmless Prime Clerk and the Clerk of the Court from the disclosure of any personal data identifiers included in your submission. In the event Prime Clerk or the Clerk of the Court discover that personal identifier data or information concerning a minor individual has been included in a pleading, Prime Clerk and the Clerk of the Court are authorized, in their sole discretion, to redact all such information from the text of the filing and make an entry indicating the correction.

Instructions for Proof of Claim (Fire Claim Related)

United States Bankruptcy Court

You may have a claim against the Debtors for monetary loss, personal injury (including death), or other asserted damages arising out of or related to a fire. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the chapter 11 process and privacy regulations.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157 and 3571.

How to fill out this form

- **Fill in all of the information about the claim as of the date this claim form is filed.**
- **If the claim has been acquired from someone else, then state the identity of the last party** who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.
- **For a minor child, fill in only the child's initials and the full name of the child's parent or guardian.** For example, write *A.B., a minor child (John Doe, parent)*. See Bankruptcy Rule 9037.
- **You may but are not required to attach supporting documents to this form.**
Supporting documents will be gathered, maintained, and provided at a later date as instructed by the Court. If you do attach documents, you should attach redacted documents as supporting documentation will be made publicly available and will not be kept confidential. *See* the definition of *redaction* of information below.
- **Do not attach original documents because attachments may be destroyed after scanning.**
- **Question 3.** Members of a family may but are not required to file a proof of claim as a family but may, if they choose, submit individual claim forms for each family member that has a claim against the debtors.

- **Question 9.** If you suffered property damage, then provide the street address of each real property parcel where you suffered property damage. If you were personally evacuated as the result of a fire, then provide the address or intersection closest to where you encountered the fire and began evacuation. If you suffered property damage and were evacuated from a different location, include both. If you were a renter, provide the address of your residence.
- **Question 10.** This question requests general statements of underlying facts relating to harm and is not intended to be exhaustive or preclusive.
- **Question 11.** You are not required to include a claim amount with your proof of claim. Providing a claim amount at this time is optional.

Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form together with the original. You may view a list of filed claims in this case by visiting the Claims and Noticing Agent's website at <https://restructuring.primeclerk.com/pge>.

Understand the terms used in this form

Claim: A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Creditor: A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

Debtor: A person, corporation, or other entity who is in bankruptcy. In this instance, PG&E Corporation and Pacific Gas & Electric Company.

Information that is entitled to privacy: A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

Proof of claim: A form that shows the creditor has a claim against the debtors on or before the date of the bankruptcy filing (in these cases, January 29, 2019). The form must be filed in the district where the case is pending.

Redaction of information: Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to **privacy** on the *Proof of Claim* form and any attached documents.

Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

Please send completed Proof(s) of Claim to:

If by first class mail:

PG&E Corporation Claims Processing Center
c/o Prime Clerk LLC
Grand Central Station, PO Box 4850
New York, NY 10163-4850

If by overnight courier or hand delivery:

PG&E Corporation Claims Processing Center
c/o Prime Clerk LLC
850 Third Avenue, Suite 412
Brooklyn, NY 11232

You may also hand deliver your completed Proof(s) of Claim to any of the following service center offices (beginning July 15, 2019 through the Bar Date (October 21, 2019) during the hours of 8:30 a.m. – 5:00 p.m. Prevailing Pacific Time):

Chico Service Center
350 Salem Street
Chico, CA 95928

Marysville Service Center
231 "D" Street
Marysville, CA 95901

Napa Service Center
1850 Soscol Ave. Ste 105
Napa, CA 94559

Oroville Service Center
1567 Huntoon Street
Oroville, CA 95965

Redding Service Center
3600 Meadow View Road
Redding, CA 96002

Santa Rosa Service Center
111 Stony Circle
Santa Rosa, CA 95401

Photocopy machines will not be available at the Claim Service Centers; you must bring a photocopy of your Proof of Claim if you wish to receive a date-stamped copy.

Do not file these instructions with your form

Electronic Proof of Claim_HM@#S27402

Final Audit Report

2019-12-28

Created:	2019-12-28
By:	Prime Clerk E-Filing (efiling@primeclerk.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAky3pjB4bnKJxCFFgbhhZFHp2GOn-k9Mf

"Electronic Proof of Claim_HM@#S27402" History





-  Web Form created by Prime Clerk E-Filing (efiling@primeclerk.com)
2019-12-27 - 7:38:53 PM GMT
-  Web Form filled in by John C. Lemon (john@jcl-lawoffice.com)
2019-12-28 - 0:13:40 AM GMT- IP address: 174.79.253.133
-  (User email address provided through API User-Agent: Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/70.0.3538.102 Safari/537.36 Edge/18.18362)
2019-12-28 - 0:13:42 AM GMT- IP address: 174.79.253.133
-  Signed document emailed to Prime Clerk E-Filing (efiling@primeclerk.com) and John C. Lemon (john@jcl-lawoffice.com)
2019-12-28 - 0:13:42 AM GMT

EXHIBIT 2



CLAIMS QUESTIONNAIRE

I. INSTRUCTIONS

You must submit this Claims Questionnaire, completed in its entirety, and all Required Submissions including documents supporting your claim(s) to the Fire Victim Trust (the "Trust") on or before **February 26, 2021**. The Trust was established to resolve eligible claims arising from the 2015 Butte Fire, 2017 North Bay Fires (*i.e.*, 37, Adobe, Atlas, Blue, Cascade, Cherokee, Honey, LaPorte, Lobo, Maacama, McCourtney, Norrbom, Nuns, Partrick, Point, Pressley, Pythian/Oakmont Pocket, Redwood/Potter Valley, Sullivan, Sulphur, and Tubbs), and 2018 Camp Fire. Claims unrelated to these Fires are ineligible for compensation by the Trust. Additionally, all Claimants must have filed a Proof of Claim for their claims or those of their family in the Bankruptcy Cases on or before December 31, 2019, which was the extended Bar Date for Fire Claimants. Claims that were not timely submitted to the Bankruptcy Cases are ineligible for payment by the Trust, unless the claimant obtains relief from the Bankruptcy Court to file a late Claim and submits the Claim to the Bankruptcy Cases and Trust within 30 days after the Bankruptcy Court order allowing such late filing. To the extent a Fire Victim Claim represents damages or losses covered, in full or in part, by a policy of insurance, the amount in which such Fire Victim Claim may be Approved pursuant to the Claims Resolution Procedures shall be reduced on a dollar-for-dollar basis by all insurance recoveries available to the Fire Victim on account of such damages or losses, whether or not the Fire Victim actually made a claim against a policy of insurance for such damages or losses.

II. FIRE VICTIM IDENTIFICATION

1. Complete the table below to identify each person or entity asserting claims in this Claims Questionnaire.

For individuals: Select the Individual Claimant Type and then enter the person's full name, date of birth, taxpayer ID number, TIN Type, and Gender. If any individual does not have a Social Security Number ("SSN"), include his or her Individual Taxpayer Identification Number ("ITIN") or Foreign Identification Number ("FIN") in the Taxpayer ID field and submit a copy of his or her ITIN authorization letter or home country records documenting the FIN. For individuals who file Schedules C, E, or F with their tax returns and who are claiming business loss income, select Individual Claimant Type below and follow the instructions above. This will not prevent you from filing a Business Income Loss claim, if desired.

For businesses, trust, estates or other entities: Select the applicable Claimant Type and then enter the entity's legal name and Employer ID Number ("EIN"). This is the business name as it appears on the business's tax return. If you are the owner of a business, you should submit claims on behalf of the business under the name and EIN of the business. For businesses with multiple owners, an authorized business representative should submit claims on behalf of the business under the name and EIN of the business. Owners of a business should not submit claims under their SSNs for their separate ownership interests in the business.

Claimant ID	Claimant Type	Claimant Name	Date of Birth	Taxpayer ID Number	Gender
1071167	Individual	Jarred Soliz	█/1984	*****0107	Male
2. Authorized Business Representative (applicable to Business Claimants only)	Last Name First Name M.I. Suffix				
	Title				
	Telephone		Email		

3. Complete the table below to identify Loss Location(s) included in this Claims Questionnaire. A Loss Location is the place where you and/or your family suffered harm (for example, your home or business address, place of injury, or the place from which you evacuated). Provide the physical addresses of your different Loss Locations below. Do not provide P.O. Boxes.

Street	Apt/Suite/Lot Number
2332 Black Walnut Rd	





CLAIMS QUESTIONNAIRE

(a) Loss Location	City	State	ZIP Code
	San Luis Obispo	California	93405-8013
	County	APN(if known)	Fire
	San Luis Obispo	076-041-070	

4. Are you represented by an attorney? If Yes, complete the question below. Otherwise, skip to Section III. ☒ Yes ☐ No

5. Law Firm Law Offices of John C. Lemon

Loss Location Address: 2332 Black Walnut Rd San Luis Obispo CA 93405-8013
APN: 076-041-070

III. REAL AND PERSONAL PROPERTY DAMAGE

A. PROPERTY IDENTIFICATION

1. Are you submitting a claim for Real or Personal Property damage? If Yes, answer the questions below. Otherwise, skip to Section IV. If you have multiple Loss Locations submit additional pages answering Sections A-F for each location. ☒ Yes ☐ No

2. Loss Location	Street	Apt/Suite/Lot Number	
	2332 Black Walnut Rd		
	City	State	ZIP Code
	San Luis Obispo	California	93405-8013
	APN (if known)		
	076-041-070		

Provide a brief description of the damaged real and personal property and upload documents supporting your claim, including records reflecting any improvements to the property. If you have documents identifying the cost to repair or replace the dwelling, you may upload them to your file. This information is not required, as the Trust will provide an estimate during claims evaluation

Claimant rented the home and real property identified by the loss location and were residing on the property full-time at the time of the fire. The fire destroyed the structures and all Claimant's personal property within the structures.

3. At the time of the Fire, were you a title owner of this property? ☐ Yes ☒ No

(a) If Yes, list all title owners at the time of the Fire:

(b) If No, since the Fire, have you received an assignment of the right to make a claim related to the damage of this real property? If you received an assignment, submit relevant documents reflecting the assignment. ☐ Yes ☒ No

4. Do you still own the Real Property that was affected by the Fire? If Yes, complete the following sections related to this property below. ☐ Yes ☐ No

5. Have you repaired or restored the property? If yes, indicate the completion date or anticipated completion date. ☐ Yes, on ☒ No

6. Do you have a genuine desire to repair or restore this property? ☐ Yes ☒ No

B. RESIDENTIAL REAL PROPERTY





CLAIMS QUESTIONNAIRE

1. Does your property claim include a dwelling that was damaged by the Fire? If Yes, answer the questions below. Otherwise, skip to Section III.C. If you have multiple dwellings on one property, submit additional pages answering questions 2-5 for each. ☐ Yes ☒ No
2. What is the type of dwelling? ☐ Apartment ☐ Guest House/Pool House ☐ Mobile Home ☐ Single Family Home ☐ Condominium ☐ Manufactured Home ☐ Multi-Family Home
3. What is the size of the dwelling? square feet
4. At the time of the Fire, were you renting out the dwelling? Any claims for lost rental income should be filed in Section IV. ☐ Yes ☐ No ☐ Partial
If yes, list the individuals who rented the property:
5. Was the dwelling uninhabitable after the fire? ☐ Yes ☐ No
6. Were you displaced from the property as a result of the Fire? If Yes, include the date you were displaced. Otherwise, skip to Section VII. ☐ Yes, on ☐ No

C. COMMERCIAL REAL PROPERTY

1. Does your property claim include a commercial structure that was damaged by the Fire? If Yes, answer the questions below. Otherwise, skip to Section III.D. If you have multiple commercial structures on one property, submit additional pages answering Questions 2-6 for each commercial structure. Residential structures of not more than four dwelling units should be claimed under Residential Real Property (Section B above). ☐ Yes ☒ No
2. Type of structure: ☐ Agricultural ☐ Hospitality/Lodging ☐ Retail ☐ Apartment/Condo Building ☐ Industrial ☐ Transportation/Airplane Related ☐ Commercial Office Building ☐ Mobile Home Park ☐ Other: ☐ Educational/School Facility ☐ Parking Structure/Facility ☐ Healthcare/Medical Facility ☐ Public/Community Facility
3. What is the size of the commercial structure? square feet
4. Estimated or actual cost of repairing or rebuilding the commercial property

D. OTHER STRUCTURES

1. Does your property claim include other non-habitable structures that were damaged by the fire? If Yes, answer the questions below. Otherwise, skip to Section IV.E. ☐ Yes ☒ No
2. What is the type of structure?
3. What is the size of the other structure? square feet
4. Does the other structure have any of the following? ☐ Electricity ☐ Permanent Foundation ☐ Plumbing
Check all that apply.

E. FORESTRY/LANDSCAPING

1. Does your property claim include landscaping, shrubbery, vegetation, or forestry? If Yes, answer the questions below. Otherwise, skip to Section III.F. ☐ Yes ☒ No





CLAIMS QUESTIONNAIRE

2. Describe the type and quantity of landscaping, shrubbery, or vegetation that was damaged or destroyed.

3. If your claim includes forestry damage, indicate the damaged or destroyed acreage

acres

4. What is the estimated or actual cost to replace the trees and landscaping?

F. PERSONAL PROPERTY CLAIMS

1. Does any part of your property claim relate to damage to personal property that you owned at the time of the Fire? Personal property includes the contents of your home such as furniture, clothing, and household items as well as automobiles and other movable property. If Yes, answer Question 2. Otherwise, skip to Question 3. If you have lost or damaged personal property at multiple locations complete Section III for each location.

☒ Yes

☐ No

2. What is the value of your lost or damaged personal property?

\$ [REDACTED]

Provide a brief description of the damaged property:

The destroyed personal property consisted of items that were located in the home, which was completely destroyed by the fire, as well as items outside the home. Please see Claimant's personal property list uploaded with this CQ for more details.

Upload documents supporting your claim and provide a brief description or itemized list of the damaged property. If you were not the owner of the property you must provide proof that were living there at the time of the Fire, such as a lease agreement and proof of payment.

3. Did you suffer any property loss other than the real and/or personal property damage indicated above as a result of the Fire? If Yes, answer the questions below and provide documents supporting your claim. Otherwise, skip to Section IV.

☐ Yes

☒ No

Provide a brief description of the damaged property:

What is the value of your lost or damaged other property?

IV. BUSINESS INCOME LOSS

1. Are you submitting a claim for lost revenues on behalf of a business affected by the Fire? If Yes, answer the questions below. Otherwise, skip to Section V. For purposes of classifying your claim, if you are a sole proprietor and you file your federal taxes on a Form 1040 with a Schedule C, E or F that lists expenses, the Trust considers you to be a business claimant.

☐ Yes

☒ No

2. Does your claim for lost income relate to a physical injury that you sustained as a result of the Fire?

☐ Yes

☐ No

3. Does your claim for lost income relate to damage to property in which you had a property interest at the time of the Fire?

☐ Yes

☐ No

4. Business Address (provide address used on tax returns)

Street

Apt/Suite/Lot Number

City

State

ZIP Code

5. Business Industry. Provide the six-digit NAICS (North American Industry Classification System)

NAICS Code:





CLAIMS QUESTIONNAIRE

Code used for tax filings or visit <https://www.naics.com/search/> to determine which NAICS Code best represents your business. In addition, provide a brief description of your business's industry

Industry Description:

6. In the table below, identify all owners of the business and their respective Taxpayer Identification Numbers and ownership interests. Provide full legal names. If an owner is not a natural person, identify the legal form of the entity (e.g., LLC, PC, Partnership, Corporation). *Note:* This question does not apply to publicly traded companies.

	Owner Name	Owner's Taxpayer ID	% of Ownership	Legal Form of Entity (if the Owner is not a natural person)
(a)				

7. Has the business permanently ceased operations and/or declared bankruptcy since the Fire(s)? If Yes, enter the date the business ceased operations and/or declared bankruptcy. ☐ Yes, date: ☐ No

8. Was business at this Loss Location interrupted as a result of the Fire(s)? If Yes, indicate which Fire(s) caused business interruption. If you have multiple Loss Locations, submit additional pages answering this question for each location. ☐ Yes ☐ No

☐ 2015 Butte Fire ☐ 2017 North Bay Fires ☐ 2018 Camp Fire

9. Did you resume your business at this Loss Location, or if not, do you intend to resume your business at this Loss Location? If you have multiple Loss Locations, submit additional pages answering this question for each location. ☐ Yes ☐ No

(a). If Yes, what was the date business operations resumed at this Loss Location, or the anticipated date if operations have not yet resumed?

Date:

(b). If you do not intend to reopen your business, please explain why.

10. Identify the losses suffered at this Loss Location in the table below. If you have multiple Loss Locations, submit additional pages answering these questions for each location.

Nature of Losses	Yes/No	Amount Claimed	Additional Information
(a) Did your business at this Loss Location suffer any business income losses as a result of the Fire(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, indicate the duration of time over which the business income loss amount is calculated? Start Date: End Date: Is your business impacted by annual seasonality? <input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Did your business at this Loss Location lose inventory as a result of the Fire(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, provide documentation supporting lost inventory.
(c) Did your business at this Loss Location suffer any damage to commercial vehicles or equipment as a result of the Fire(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, provide documentation supporting damage to equipment.
(d) Did your business at this Loss Location suffer any damage to the other contents of the business as a result of the Fire(s) (e.g.,	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, provide documentation supporting damage to contents of business.





CLAIMS QUESTIONNAIRE

computers, office supplies, etc.)?			
11. Did your business at this Loss Location incur any additional remediation expenses as a result of the Fire(s)? If Yes, provide the types and amounts claimed for additional remediation expenses (excluding insurance recovery). If you have multiple Loss Locations, submit additional pages answering this question for each location. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Increased/temporary security: <input type="checkbox"/> Temporary utilities: <input type="checkbox"/> Temporary labor: <input type="checkbox"/> Other mitigation steps: <input type="checkbox"/> Temporary water supply: (e.g., relocation, expedited shipping)			
12. Provide any further information or explanation you would like to include regarding your business loss claim(s).			
V. PERSONAL INCOME LOSS (LOST WAGES)			
1. Did you suffer any personal lost wages as a result of the Fire? If Yes, answer the questions below about your Claiming Job(s). Otherwise, skip to Section VI. A "Claiming Job" is a job you held as of the date of the Fire, for which you are seeking compensation for lost wages related to the Fire. You can have more than one "Claiming Job." If you are a sole proprietor or independent contractor and report income from a job on a Schedule C of your federal income tax return and you do not report expenses on your Schedule C, that job should be included as a Claiming Job under this section for Personal Income Loss. If you report expenses on your Schedule C, you should submit a claim for Business Income Loss for income you lost from that work as a result of the Fire. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2. Does your claim for lost income relate to a physical injury that you sustained as a result of the Fire? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Does your claim for lost income relate to damage to property in which you had a property interest at the time of the Fire? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Are you claiming lost income that you experienced as a result of damage to your employer's property from the Fire? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Employer Name			
6. Employer Address	Street	Apt/Suite/Lot Number	
	City	State	Zipcode
7. Employer Telephone		8. Employer Identification Number: (EIN from your W-2 or 1099 Form)	
9. Employment Start Date:		10. Employment End Date:	
11. Length of time out of work (if applicable)		12. Total lost wages:	
13. Provide any further information or explanation you wish to include regarding your lost wages claim(s).			





CLAIMS QUESTIONNAIRE

Jarred Soliz (Claimant ID: 1071167)

VI. EMOTIONAL DISTRESS

A. ZONE OF DANGER

1. Is any part of your claim based on emotional distress and/or mental anguish that you experienced as a result of the Fire, including fear for your safety or the safety of your family while sheltering-in-place, fleeing, or evacuating, or bodily injury to you or a family member? If Yes, complete the questions in this section below. If yes, complete the questions in this section below. Otherwise, skip to Section B. ☒ Yes ☐ No

2. Did you evacuate as a result of the Fire? ☐ Yes ☒ No

3. If you evacuated, enter the date and time of your evacuation: (a) Date of Evacuation: (b) Time of Evacuation:

4. If you did not evacuate, did you shelter-in-place during the Fire? ☐ Yes ☒ No

5. Enter the address from which you evacuated or sheltered-in-place at the time of the Fire:	Street	Apt/Suite/Lot Number	
	2332 Black Walnut Rd		
	City	State	Zipcode
	San Luis Obispo	CA	93405-8013
	APN (if known)		
	076-041-070		
	Identify your relationship to this location: <input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Other:		

6. Was your emotional distress attributable to any of the following physical injuries or illnesses?

☐ Burn ☐ Smoke Inhalation ☐ Illness involving eyes, nasal passage, throat, lungs or skin
☐ Cuts, scrapes, or bruises ☐ Other:

7. If yes, did you receive medical treatment for the identified physical injuries? ☐ Yes ☒ No

8. Have you received any counseling or medical treatment for emotional or mental health reasons related to the emotional distress and/or mental anguish that you experienced as a result of the Fire, including fear for your safety or the safety of your family while sheltering-in-place, fleeing, or evacuating? If Yes, complete Questions 8(a) – 8(e) and, after completing any other applicable sections of this Claims Questionnaire, upload relevant medical records for the treatment you received for the identified physical injuries and/or emotional or mental health conditions described below. Otherwise, skip to Question 9. ☐ Yes ☒ No

(a) Diagnosis of Emotional or Mental Health Issues resulting from the Fire:

(b) Description of Treatment:

(c) Treatment Start Date:

(d) Treatment End Date:

(e) Medication(s) Prescribed:





CLAIMS QUESTIONNAIRE

9. If you did not receive counseling or medical treatment for emotional health reasons, explain why:

Claimant wants to receive counseling and would benefit from such counseling regarding the emotional impact and effects of the fire, losing his home, personal property, and cherished possessions. Financial resources and time were/are not available in order to receive the needed therapy.

10. Complete the following table for each family member who was with you as the Fire approached your location or evacuated with you at the time of the Fire. Attach additional sheets if necessary. After completing any other applicable sections of this Claims Questionnaire, upload relevant medical records for the treatment that your family member(s) received for the physical injuries identified in the table below, if available.

	Full Name	Relationship	Did this person suffer any of the following physical injuries?	Were you physically present and did you witness the injuries identified for this person?
Person 1			<input type="checkbox"/> Burn <input type="checkbox"/> Smoke Inhalation <input type="checkbox"/> Serious Physical Injury <input type="checkbox"/> Illness involving eyes, nasal <input type="checkbox"/> Cuts, scrapes, or bruises <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. To further support your claim, you may provide a narrative detailing your experience evacuating from the Fire and the Fire's impact on you and your family:

Please see Claimant's narrative.

B. NUISANCE

1. Is any part of your claim based on emotional distress and/or mental anguish that you experienced from the loss of use or substantial interference with the use of or enjoyment of your property? If Yes, complete the questions in this section below. Otherwise, skip to Section VII.

☒ Yes
☐ No

2. Property Address :

Street	Apt/Suite/Lot Number	
2332 Black Walnut Rd		
City	State	Zipcode
San Luis Obispo	California	93405-8013
APN (If available)		
076-041-070		

3. Describe your relationship to the property at the time of the Fire?

☐ Own
☒ Rent
☐ Other:

4. Were you residing at the property full time or more than half of the time when the Fire occurred?

☒ Yes
☐ No





CLAIMS QUESTIONNAIRE

5. Were you displaced from your property as a result of the Fire?		<input checked="" type="checkbox"/> Yes, on <u>12/29/2018</u> <input type="checkbox"/> No
6. If you were displaced from the property, have you resumed residing there? If Yes, include the date you resumed residing at the property.		<input type="checkbox"/> Yes, on _____ <input checked="" type="checkbox"/> No
7. Did you lose any sentimental or irreplaceable personal property in the Fire?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. As a result of the loss of use or substantial interference with the use of or enjoyment of your property, have you received any counseling or medical treatment for mental or emotional health reasons? If yes, complete Questions 8(a)-8(d) and, after completing any other applicable sections of this Claims Questionnaire, upload relevant medical records for the treatment you received for the identified emotional or mental health conditions described below:		
(a) Diagnosis of Emotional or Mental Health Issues resulting from Fire		
(b) Description of Treatment:		
(c) Treatment Start date:	(d) Treatment End date:	
(e) Medication(s) Prescribed:		
9. If you did not receive counseling or medical treatment for emotional or mental health conditions, explain why.		Claimant wants to receive counseling and would benefit from such counseling regarding the emotional impact and effects of the fire, losing his home, personal property, and cherished possessions. Financial resources and time were/are not available in order to receive the needed therapy.
10. To further support your claim, you may provide a narrative detailing your experience with the loss of use or substantial interference with the use of or enjoyment of your property from the Fire:		Please see Claimant's narrative and list of cherished items.
VII. PERSONAL INJURY		
1. As a result of the Fire, did you suffer a personal injury for which you received medical treatment? In this context, personal injury means a physical bodily injury resulting from the Fire. If Yes, answer the questions below. Otherwise, skip to Section VIII.		
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Did the injury require hospitalization?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Injury Type:	4. Injury Date:	
5. Medical Provider/Facility that treated the injury:		
6. Treatment Start Date:	7. Treatment End Date:	
8. Description of Treatment:		
9. Narrative Statement: If desired, explain your recovery and how the injury has affected your life.		
Provide supporting documents, such as medical records, detailing your injury and treatment		





CLAIMS QUESTIONNAIRE

Decedent:

VIII. WRONGFUL DEATH

Are you asserting a Wrongful Death claim for a death caused by a Fire? If Yes, answer the questions below. Otherwise, skip to Section IX. ☐ Yes ☒ No

1. Decedent Name	Last Name	First Name	M.I.	Suffix	
2. Date of Birth	3. Date of Death				
4. Social Security Number	5. Annual income at the time of death				
6. Briefly explain how the Fire caused the death					
7. Has a probate case been filed for the decedent's estate?	<input type="checkbox"/> Yes, and it remains open <input type="checkbox"/> Yes, but it has been closed <input type="checkbox"/> No				
8. In the table below, identify the Spouse, Domestic Partner and/or Children of the decedent, if living at the time of the decedent's death. If the person was dependent on the decedent for financial support at the time of decedent's death and/or suffered a loss of household services as a result of the death, indicate that here as well. Domestic Partners must have been part of the domestic partnership registered and established pursuant to Subdivision (b) of Section 297 of the Family Code.					
Relationship to Decedent	Name of Spouse, Domestic Partner or Child (ren)	Date of Birth	Social Security Number	Financial Dependent?	Loss of Services?
9. In the table below, identify any Child(ren) who predeceased the decedent.					
Relationship to Decedent	Name of Child(ren) who Predeceased the Decedent	Date of Birth	Social Security Number		
10. In the table below, identify any Child(ren) of the individuals named in the table in Question 9 above. If the person was dependent on the decedent for financial support at the time of decedent's death and/or suffered a loss of household services as a result of the death, indicate that here as well.					
Relationship to Decedent	Name of Child(ren) of Individual(s) in Question 9	Date of Birth	Social Security Number	Financial Dependent?	Loss of Services?
11. If the decedent had no living Children at the time of death, identify all Parent(s), Sibling(s), Grandchild(ren), Grandparent(s) and/or other relatives of the decedent, living at the time of decedent's death, in the table below. If the person was dependent on the decedent for financial support at the time of decedent's death and/or suffered a loss of household services as a result of the death, indicate that here as well. Grandchildren listed in Question 10 do not need to be repeated here.					
Relationship to Decedent	Name of Parent(s), Sibling(s), Grandchild(ren) and/or Grandparent(s)	Date of Birth	Social Security Number	Financial Dependent?	Loss of Services?
12. Identify any other persons not listed in the above tables who were financially dependent on the decedent at the time of decedent's death. If the person suffered a loss of household services as a result of the death, indicate that here as well.					
Relationship to Decedent	Name of Financial Dependent	Date of Birth	Social Security Number	Loss of Services?	





CLAIMS QUESTIONNAIRE

- | | |
|--|--|
| 13. For any person identified above as a Financial Dependent, describe the nature and/or amount of financial support provided by the decedent. | |
| 14. For any person identified above as having lost household services from the decedent, describe the nature and/or amount of services provided by the decedent. | |
| 15. Provide an itemization of any funeral and/or burial expenses incurred as a result of decedent's death. | |

16. In the table below, identify any person related to the decedent by blood or marriage who was present at the scene of the death-causing event.

Relationship to Decedent	Name of Relative Present at the Event	Date of Birth	Social Security Number
17. For any person identified above as having witnessed the death-causing event, provide a brief narrative description including the date and location and the person's observation of the event.			

Provide supporting documents including a copy of a death certificate, autopsy report or other medical records identifying the decedent's cause of death. You should also provide medical records and/or a statement to show the decedent's general health at the time of his/her death. If a claim is being made for lost financial support, submit any evidence of said support and tax, employment, or other financial records reflecting the decedent's annual income for the two years preceding his or her death. You also may provide a narrative statement explaining how the death has affected you.

IX. OTHER OUT-OF-POCKET EXPENSES

Did you incur any of the following out-of-pocket expenses as a result of the Fire or displacement from the Fire that were not covered by insurance or other assistance (e.g., FEMA support, Wildfire Assistance Program payments)? If Yes, indicate the types and total amount of each for out-of-pocket expense. Otherwise, skip to Section X.

☒ Yes
☐ No





CLAIMS QUESTIONNAIRE

Description of out-of-pocket expense	Amount of expense
<p>Total Evacuation Expenses: \$ [REDACTED]</p> <p>Claimant was displaced for a total of 6 months. During this time, Claimants incurred evacuation expenses for food, increased mileage, clothing, and essentials.</p> <p>Food – Claimant incurred additional meal expenses. Claimant spent approximately 6 months eating out at the cost of \$ [REDACTED] per month. This amounts to \$ [REDACTED] on food.</p> <p>Increased Mileage – Following the fire, Claimant was displaced from his home and had to drive an additional 26 miles each way to get to work. Claimant was driving these additional 56 miles per work day for about 5 months, which amounts to 8,400 miles. Using the AAA rate of \$0.55 per mile, this totals to \$ [REDACTED].</p> <p>Clothing – The fire destroyed everything the Claimant owned, including personal items such as basic clothing, undergarments, and pajamas. Immediately after the fire, Claimant spent approximately \$ [REDACTED] on emergency clothing.</p> <p>Essentials – The fire destroyed everything the Claimant owned, including personal items such as toiletries and hygienic items. Immediately after the fire, Claimant spent approximately \$ [REDACTED] on toiletries and personal items.</p> <p>Car Rental - Due to the fire, Claimant's vehicle was completely destroyed and required him to get a rental temporarily. The total cost was about \$ [REDACTED], which his vehicle insurance covered 80% of: \$ [REDACTED]. Claimant is only claiming the remaining 20% that he paid out of pocket, which was \$ [REDACTED].</p>	\$ [REDACTED]
<p>Total Alternative Living Expenses: \$ [REDACTED]</p> <p>Claimant was finally able to secure stable housing on June 29, 2019 Claimants currently lives here and have been living here for 24 months. Since he moved in, Claimant has incurred increased expenses for water bills.</p> <p>Increased Water Bill: Prior to the fire, Claimant's property sat on a well, so he did not have any expenses for water utilities. After losing his home and moving to a new address, Claimant now pays \$ [REDACTED] per month to cover water utilities. Since Claimant has been living at his new residence for 24 months, this amounts to \$ [REDACTED].</p>	\$ [REDACTED]
Provide third-party records (e.g., receipts, medical bills) showing that one or more of the Claimants identified in Section II paid these expenses out of pocket.	
X. OTHER DAMAGES	
<p>1. Is any Claimant identified in Section II claiming damages not specifically contemplated in any other section of the Claims Questionnaire? If so, answer Question 2. Otherwise, skip to Section XI. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. Briefly explain the nature of the claim(s) and requested compensation and provide supporting documents for each.</p>	<p>Total Reasonable Attorney Fees: \$ [REDACTED]</p> <p>Pursuant to the California Constitution, and Code of Civil Procedure § 1036, Claimants are entitled to recover reasonable attorney fees on damages recoverable in inverse condemnation.</p> <p>Claimants' inverse condemnation damages are \$ [REDACTED] (i.e., Claimants' economic damages). Claimants' have agreed to a reasonable attorney fee amount of twenty five percent (25%) of any settlement or recovery obtained by Claimants' counsel.</p> <p>Accordingly, Claimants are entitled to recover reasonable attorney fees in the amount of \$ [REDACTED]</p>
XI. MEDICAL INSURANCE INFORMATION	





CLAIMS QUESTIONNAIRE

1. Do you or any family or household member included in Section II now have or did you or they previously have medical insurance that covers any treatments for injuries for which you are submitting a claim? If ☐ Yes ☒ No
yes, complete the questions below. Otherwise, skip to Section XII.

2. If you or any Claimant identified in Section II has enrolled in or has been entitled to receive benefits from any of the following federal healthcare programs, complete the table for the relevant program(s) below:

	Claim Number	Enrollment Start	Enrollment End	Branch	Sponsor	Sponsor's SSN	Treating Facility	Tribe

3. If you or any Claimant identified in Section II was entitled to receive medical items, services, and/or prescription drugs from any federal, state, or other governmental body, agency, department, plan, program, or entity that administers, funds, pays, contracts for, or provides medical items, services, and/or prescription drugs not previously listed above, provide the following information.

Name of Plan/Entity
Policyholder Name
Policy Number
Medical Condition Covered by Plan/Entity

4. If you or any Claimant identified in Section II has received medical treatment for any physical injury, emotional distress, or mental health issue included in Sections VI or VII that was covered by a **Private Healthcare Insurance Plan** or other form of payment, provide the following information for each such plan or entity. Include the complete name of the health plan (*i.e.*, "BCBS of Illinois" and not "Blue Cross" or "BCBS").

Name of Plan/Entity
Policyholder Name
Policy Number
Medical Condition Covered by Plan/Entity

5. Have you or any Claimant identified in Section II lived in any state other than California since the Fire?

☐ Yes ☐ No

If Yes, please provide the other state(s) of residence for each individual.

PRIVATE HEALTH PLAN LIEN RESOLUTION PROGRAMS

The Lien Resolution Administrator ("LRA") may administer one or several Private Lien Resolution Programs (each a "PLRP") with private health insurance plan representatives to identify and resolve private health insurance liens, including those with Medicare Part C plans, Group Health Plans, and employer sponsored self-funded ERISA plans. All settling claimants are automatically enrolled in any established PLRPs.

The PLRP terms are currently being negotiated but are historically advantageous for the vast majority of claimants in settlements because the programs offer pre-negotiated discounts on health plan lien amounts, typically between 30% and 35% (after the LRA's audit review for injury related claims) and caps on reimbursement amounts in high medical claim situations. The programs also provide specified timelines for resolution. And finally, the PLRPs can only assert liens where the law permits.

***** ONLY CHECK THE BOX BELOW IF YOU DO NOT WANT TO PARTICIPATE
IN THE LRA's PRIVATE LIEN RESOLUTION PROGRAMS THAT CONTAIN PRE-NEGOTIATED
HEALTH PLAN LIEN DISCOUNTS AND REIMBURSEMENT CAPS *****





CLAIMS QUESTIONNAIRE

UPON ELECTING NOT TO PARTICIPATE IN ANY ESTABLISHED PLRPS, I understand that I will not receive the benefit of pre-negotiated lien discounts and reimbursement caps. I further understand that although I have opted out of any established PLRPs by indicating such below, I may still have a health plan lien obligation with my current or former private health insurance plan, including Medicare Part C (also known as Medicare Advantage), and that the LRA may still be required to resolve my lien or liens on my behalf.

☐ I elect to Opt Out of participation in the Private Lien Resolution Programs.

XII. OTHER INSURANCE INFORMATION

- 1. Did you submit an insurance claim for any property damage or business losses for which you are making a claim, on behalf of yourself or your business?** If Yes, provide the following information for each category of insurance coverage, attaching additional sheets if necessary. Otherwise, skip to Section XIII.
If you have multiple Loss Locations, submit additional pages answering the questions in this section for each location.

☒ Yes

☐ No

Name of Insurance Carrier: State Farm

Insurance Policy Number: [REDACTED]-55K

Insurance Coverage Type	What were the Policy Limits?	How much were you paid?	Estimated Amount Not Covered
(a) Dwelling (typically Coverage A)			
(1) Extended/Enhanced Replacement Cost Coverage			
(2) Code Upgrade Coverage			
(3) Debris Removal			
(4) Landscaping			
(b) Other/Appurtenant Structures (typically Coverage B)			
(1) Extended/Enhanced Replacement Cost Coverage			
(2) Code Upgrade Coverage			
(3) Debris Removal			
(c) Personal Property (typically Coverage C)			
(d) Loss of Use / Additional Living Expense (typically Coverage D)			
(1) Rental Loss			
(e) Damage to Business Structure			
(1) Extended Replacement Cost			





CLAIMS QUESTIONNAIRE

(2) Code Upgrade			
(3) Debris Removal			
(4) Business Fixtures			
(f) Business Interruption Loss			
(1) Extra Expense			
(2) Evacuation Expense			
(g) Business Personal Property			
(h) Other			

XIII. OTHER ASSISTANCE

Has any Claimant identified in Section II received support from the Federal Emergency Management Agency (FEMA) and/or a Wildfire Assistance Program payment)? If Yes, complete the following table indicating the type of support received, amount received, payment date. List all additional assistance received. Otherwise, skip to Section XIV.

☐ Yes
☒ No

	Entity Providing Assistance	Name of Recipient	Amount Received	Date Received	Purpose of Assistance
Assistance Source(1)					

XIV. BANKRUPTCY

1.	Has any Claimant identified in Section II been a debtor in a bankruptcy proceeding that (a) commenced on or after the date of the Fire or (b) commenced before but remained open on the date of the Fire?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
----	---	--





CLAIMS QUESTIONNAIRE

XV. SIGNATURE

By signing below, I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that (1) all information provided in this Claims Questionnaire, and any attachments or supporting documents, is true and correct to the best of my knowledge, information, and belief, and (2), if I am signing on behalf of a business, trust, estate or other entity, I am duly authorized to sign this Claims Questionnaire on behalf of that entity. I certify that neither I nor any Claimant included in this Claims Questionnaire has transferred my or their right to recover from the Released Parties for any of the claims asserted in this Claims Questionnaire.

I authorize the Trust to access my insurance claims file and claims data in order to process the claim(s) included in this Claims Questionnaire. I authorize the Trust to obtain any and all information related to these claims from my insurer, if necessary to administer the claim(s).

I consent to the Trust sharing personal information contained in this application with FEMA, including all Claimants' names, Loss Locations and tax identification numbers, and to FEMA sharing the Claimants' personal information with the Fire Victim Trust for the purpose of certifying identity and confirming FEMA benefits.

Claimant Signature		Date	
Printed Name	Jarred Soliz		





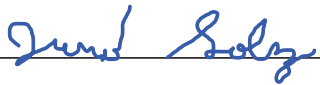
CLAIMS QUESTIONNAIRE

XV. SIGNATURE

By signing below, I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that (1) all information provided in this Claims Questionnaire, and any attachments or supporting documents, is true and correct to the best of my knowledge, information, and belief, and (2), if I am signing on behalf of a business, trust, estate or other entity, I am duly authorized to sign this Claims Questionnaire on behalf of that entity. I certify that neither I nor any Claimant included in this Claims Questionnaire has transferred my or their right to recover from the Released Parties for any of the claims asserted in this Claims Questionnaire.

I authorize the Trust to access my insurance claims file and claims data in order to process the claim(s) included in this Claims Questionnaire. I authorize the Trust to obtain any and all information related to these claims from my insurer, if necessary to administer the claim(s).

I consent to the Trust sharing personal information contained in this application with FEMA, including all Claimants' names, Loss Locations and tax identification numbers, and to FEMA sharing the Claimants' personal information with the Fire Victim Trust for the purpose of certifying identity and confirming FEMA benefits.

Claimant Signature		Date	8/25/21
Printed Name	Jarred Soliz		



Auto Loss Details

Policy: [REDACTED]-F16-55K
Description: 2010 MAZDA
MAZDASPEED

Claim #: 55-7125-D80
Date of loss: 12-29-2018
Time of loss: 06:00 PM
Claim status: CLOSED
Cat loss: No

Claim Assignment Information

Office: TLBOFF
Unit: 2Q
Representative:
Phone:

Facts of loss: FINAL HOUSE BURNED AND THE HEAT MELTED PART OF THE CAR.
Surchargeable: No

Coverages Paid

Coverages	Amount Paid	Subrogated Amount
R - CAR RENTAL REIMBURSEMENT	[REDACTED]	0.00
D - COMPREHENSIVE	[REDACTED]	0.00 ^
Total	[REDACTED]	0.00 v

State Farm Mutual Automobile Insurance Company, Bloomington, Illinois

Cherished Possessions List:

- 1.) Father's burial flag from united states army.
- 2.) Fathers favorite billiards cue
- 3.) Irreplaceable photo albums
- 4.) Custom Ibis Hd4 Carbon Mountain bike
- 5.) Martin d-45 Guitar
- 6.) Gibson Les Paul Guitar

Narrative

Jarred Soliz

Claimants' background/connection to the property

- Jarred Soliz moved into his home approximately 10 years prior to the fire. He lived in a lovely, spacious home that was surrounded by nothing but great people. He was proud to have found a place like it, which overlooked the canyons nearby.

Claimants' evacuation:

- On the day that the PG&E Smart Meter exploded, Jarred had gone out to run a quick errand when he received a call from his landlord explaining his home was on fire. He rushed back to the property in hopes of being able to salvage some of his belongings and rescue his dogs. Thankfully, his neighbors got his dogs out and took care of them until he was able to return, but it was too late to save his things. He was fortunately out of the area and not at risk of harm but watching his home burn down was heart wrenching. It breaks his heart knowing that everything he had worked for and proudly collected was now destroyed.

Claimants' time away from their home and property:

- Immediately after the fire, Jarred evacuated to his parent's house where he stayed in a substantially smaller room on a thin air mattress for 6 months. After 6 months, he was able to find himself a permanent home, though it does not compare to his home life prior to the fire.

Claimants' losses and the general impact the fire made on their lives:

- Unfortunately, Jarred lost all his belongings and many cherished items. His most significant cherished item and most impactful lost was the loss of his father's burial flag and his mountain bike. In addition to destroying his belongings, the fire has also affected Jarred mentally. Since the fire occurred, Jarred has been on high alert and believes to suffer from PTSD. He purchased security cameras so that he can make sure his property is always in good conditions, he no longer likes leaving his home for too long, and he always triple checks that all his electronic devices have been disconnecting. He has not had the time or financial resources to seek counseling or mental health treatment.









RESIDENTIAL LEASE OR MONTH-TO-MONTH RENTAL AGREEMENT

(C.A.R. Form LR, Revised 6/18)

Date 07/01/2018 Jarred Soliz John George, Mandi George ("Landlord") and ("Tenant") agree as follows ("Agreement"):

1. PROPERTY:

- A. Landlord rents to Tenant and Tenant rents from Landlord, the real property and improvements described as: 2332 Black Walnut Rd, San Luis Obispo, CA 93405-8013 ("Premises").
- B. The Premises are for the sole use as a personal residence by the following named person(s) only: Jarred Soliz
- C. The following personal property, maintained pursuant to paragraph 11, is included: _____ or ☐ (if checked) the personal property on the attached addendum is included.

D. The Premises may be subject to a local rent control ordinance _____

2. TERM: The term begins on (date) July 1, 2018 ("Commencement Date"). If Tenant has not paid all amounts then due; (i) Tenant has no right to possession or keys to the premises and; (ii) this Agreement is voidable at the option of Landlord, 2 calendar days after giving Tenant a Notice to Pay (C.A.R. Form PPN). Notice may be delivered to Tenant (i) in person; (ii) by mail to Tenant's last known address; or (iii) by email, if provided in Tenant's application or previously used by Tenant to communicate with Landlord or agent for Owner. If Landlord elects to void the lease, Landlord shall refund to Tenant all rent and security deposit paid.

(Check A or B):

- ☐ A. Month-to-Month: This Agreement continues from the commencement date as a month-to-month tenancy. Tenant may terminate the tenancy by giving written notice at least 30 days prior to the intended termination date. Tenant shall be responsible for paying rent through the termination date even if moving out early. Landlord may terminate the tenancy by giving written notice as provided by law. Such notices may be given on any date.
- ☒ B. Lease: This Agreement shall terminate on (date) July 1, 2019 at 12:00 ☐ AM/ ☒ PM. Tenant shall vacate the Premises upon termination of the Agreement, unless: (i) Landlord and Tenant have extended this Agreement in writing or signed a new agreement; (ii) mandated by local rent control law; or (iii) Landlord accepts Rent from Tenant (other than past due Rent), in which case a month-to-month tenancy shall be created which either party may terminate as specified in paragraph 2A. Rent shall be at a rate agreed to by Landlord and Tenant, or as allowed by law. All other terms and conditions of this Agreement shall remain in full force and effect.

3. RENT: "Rent" shall mean all monetary obligations of Tenant to Landlord under the terms of the Agreement, except security deposit.

- A. Tenant agrees _____ per month for the term of the Agreement.
- B. Rent is payable in advance on the 1st (or ☐) day of each calendar month, and is delinquent on the next day.
- C. If Commencement Date falls on any day other than the day Rent is payable under paragraph 3B, and Tenant has paid one full month's Rent in advance of Commencement Date, Rent for the second calendar month shall be prorated and Tenant shall pay 1/30th of the monthly rent per day for each day remaining in the prorated second month.
- D. PAYMENT: (1) Rent shall be paid by ☒ personal check, ☐ money order, ☐ cashier's check, made payable to Mandi George, ☐ wire/electronic transfer, or ☐ other _____

(2) Rent shall be delivered to (name) Mandi George

(whose phone number is) (805)440-2230 at (address) PO Box 391, Avila Beach, Ca 93405

, (or at any other location subsequently specified by Landlord in writing to Tenant) (and ☐ if checked, rent may be paid personally, between the hours of _____ and _____ on the following days _____).

(3) If any payment is returned for non-sufficient funds ("NSF") or because tenant stops payment, then, after that: (i) Landlord may, in writing, require Tenant to pay Rent in cash for three months and (ii) all future Rent shall be paid by ☐ money order, or ☐ cashier's check.

E. Rent payments received by Landlord shall be applied to the earliest amount(s) due or past due.

4. SECURITY DEPOSIT:

- A. Tenant agrees _____ as a security deposit. Security deposit will be ☒ transferred to and held by the Owner of the Premises, or ☐ held in Owner's Broker's trust account.
- B. All or any portion of the security deposit may be used, as reasonably necessary, to: (i) cure Tenant's default in payment of Rent (which includes Late Charges, NSF fees or other sums due); (ii) repair damage, excluding ordinary wear and tear, caused by Tenant or by a guest, invitee or licensee of Tenant; (iii) clean Premises, if necessary, upon termination of the tenancy; and (iv) replace or return personal property or appurtenances. **SECURITY DEPOSIT SHALL NOT BE USED BY TENANT IN LIEU OF PAYMENT OF LAST MONTH'S RENT.** If all or any portion of the security deposit is used during the tenancy, Tenant agrees to reinstate the total security deposit within five days after written notice is delivered to Tenant. Within 21 days after Tenant vacates the Premises, Landlord shall: (1) furnish Tenant an itemized statement indicating the amount of any security deposit received and the basis for its disposition and supporting documentation as required by California Civil Code § 1950.5(g); and (2) return any remaining portion of the security deposit to Tenant.
- C. **Security deposit will not be returned until all Tenants have vacated the Premises and all keys returned. Any security deposit returned by check shall be made out to all Tenants named on this Agreement, or as subsequently modified.**
- D. No interest will be paid on security deposit unless required by local law.
- E. If the security deposit is held by Owner, Tenant agrees not to hold Broker responsible for its return. If the security deposit is held in Owner's Broker's trust account, and Broker's authority is terminated before expiration of this Agreement, and security deposit is released to someone other than Tenant, then Broker shall notify Tenant, in writing, where and to whom security deposit has been released. Once Tenant has been provided such notice, Tenant agrees not to hold Broker responsible for the security deposit.

Tenant's Initials (JS) (MG)

Landlord's Initials (JG) (MG)

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LR REVISED 6/18 (PAGE 1 OF 8)

RESIDENTIAL LEASE OR MONTH-TO-MONTH RENTAL AGREEMENT (LR PAGE 1 OF 8)

Keller Williams Realty Central Coast, 350 James Way #130 Pismo Beach CA 93449
Mandi George

Produced with zipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 www.ziplogix.com

Phone: 805.440.2230

Fax:



2332 Black

Premises: 2332 Black Walnut Rd, San Luis Obispo, CA 93405-8013Date: 07/01/2018

5. **MOVE-IN COSTS RECEIVED/DUE:** Move-in funds shall be paid by ☒ personal check, ☐ money order, or ☐ cashier's check, ☐ wire/ electronic transfer.

Category	Total Due	Payment Received	Balance Due	Date Due	Payable To
Rent from _____ to _____ (date)					
*Security Deposit					
Other					
Other					
Total					

*The maximum amount of security deposit, however designated, cannot exceed two months' Rent for an unfurnished premises, or three months' Rent for a furnished premises.

6. **LATE CHARGE; RETURNED CHECKS:**

- A. Tenant acknowledges either late payment of Rent or issuance of a returned check may cause Landlord to incur costs and expenses, the exact amounts of which are extremely difficult and impractical to determine. These costs may include, but are not limited to, processing, enforcement and accounting expenses, and late charges imposed on Landlord. If any installment of Rent due from Tenant is not received by Landlord within **5** (or ☐) calendar days after the date due, or if a check is returned, Tenant shall pay to Landlord, respectively, an additional sum of **\$50.00** or _____ % of the Rent due as a Late Charge and \$25.00 as a NSF fee for the first returned check and \$35.00 as a NSF fee for each additional returned check, either or both of which shall be deemed additional Rent.
- B. Landlord and Tenant agree that these charges represent a fair and reasonable estimate of the costs Landlord may incur by reason of Tenant's late or NSF payment. Any Late Charge or NSF fee due shall be paid with the current installment of Rent. Landlord's acceptance of any Late Charge or NSF fee shall not constitute a waiver as to any default of Tenant. Landlord's right to collect a Late Charge or NSF fee shall neither be deemed an extension of the date Rent is due under paragraph 3 nor prevent Landlord from exercising any other rights and remedies under this Agreement and as provided by law.

7. **PARKING: (Check A or B)**

- ☒ A. Parking is permitted as follows: In driveway

The right to parking ☐ is ☐ is not included in the Rent charged pursuant to paragraph 3. If not included in the Rent, the parking rental fee shall be an additional \$ _____ per month. Parking space(s) are to be used only for parking properly registered and operable motor vehicles, except for trailers, boats, campers, buses or trucks (other than pick-up trucks). Tenant shall park in assigned space(s) only. Parking space(s) are to be kept clean. Vehicles leaking oil, gas or other motor vehicle fluids shall not be parked on the Premises. Mechanical work, or storage of inoperable vehicles, or storage of any kind is not permitted in parking space(s) or elsewhere on the Premises except as specified in paragraph 8.

OR ☐ B. Parking is not permitted on the real property of which the Premises is a part.

8. **STORAGE: (Check A or B)**

- ☒ A. Storage is permitted as follows: Storage shed

The right to separate storage space ☐ is, ☐ is not, included in the Rent charged pursuant to paragraph 3. If not included in the Rent, storage space fee shall be an additional \$ _____ per month. Tenant shall store only personal property Tenant owns, and shall not store property claimed by another or in which another has any right, title or interest. Tenant shall not store any improperly packaged food or perishable goods, flammable materials, explosives, hazardous waste or other inherently dangerous material, or illegal substances.

OR ☐ B. Except for Tenant's personal property, contained entirely within the Premises, storage is not permitted on the Premises.

9. **UTILITIES:** Tenant agrees to pay for all utilities and services, and the following charges: electric except _____, which shall be paid for by Landlord. If any utilities are not separately metered, Tenant shall pay Tenant's proportional share, as reasonably determined and directed by Landlord. If utilities are separately metered, Tenant shall place utilities in Tenant's name as of the Commencement Date. Landlord is only responsible for installing and maintaining one usable telephone jack and one telephone line to the Premises. Tenant shall pay any cost for conversion from existing utilities service provider.

- ☐ A. **Water Submeters:** Water use on the Premises is measured by a submeter and Tenant will be separately billed for water usage based on the submeter. See attached Water Submeter Addendum (C.A.R. Form WSM) for additional terms.
- ☐ B. **Gas Meter:** The Premises does not have a separate gas meter.
- ☐ C. **Electric Meter:** The Premises does not have a separate electrical meter.

10. **CONDITION OF PREMISES:** Tenant has examined Premises and, if any, all furniture, furnishings, appliances, landscaping and fixtures, including smoke alarm(s) and carbon monoxide detector(s).

(Check all that apply:)

- ☒ A. Tenant acknowledges these items are clean and in operable condition, with the following exceptions: _____
- ☐ B. Tenant's acknowledgment of the condition of these items is contained in an attached statement of condition (C.A.R. Form MIMO).
- ☐ C. (i) Landlord will Deliver to Tenant a statement of condition (C.A.R. Form MIMO) ☐ within **3 days** after execution of this Agreement; ☐ prior to the Commencement Date; ☐ within **3 days** after the Commencement Date.
(ii) Tenant shall complete and return the MIMO to Landlord within **3** (or ☐) days after Delivery. Tenant's failure to return the MIMO within that time shall conclusively be deemed Tenant's Acknowledgement of the condition as stated in the MIMO.

Tenant's Initials (Signature)

Landlord's Initials MB BZ

LR REVISED 6/18 (PAGE 2 OF 8)

RESIDENTIAL LEASE OR MONTH-TO-MONTH RENTAL AGREEMENT (LR PAGE 2 OF 8)

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- ☐ D. Tenant will provide Landlord a list of items that are damaged or not in operable condition within 3 (or ☐) days after Commencement Date, not as a contingency of this Agreement but rather as an acknowledgement of the condition of the Premises.

☐ E. Other: _____

11. MAINTENANCE USE AND REPORTING:

- A. Tenant shall properly use, operate and safeguard Premises, including if applicable, any landscaping, furniture, furnishings and appliances, and all mechanical, electrical, gas and plumbing fixtures, carbon monoxide detector(s) and smoke alarms, and keep them and the Premises clean, sanitary and well ventilated. Tenant shall be responsible for checking and maintaining all carbon monoxide detectors and any additional phone lines beyond the one line and jack that Landlord shall provide and maintain. Tenant shall replace any burned out or malfunctioning light bulbs. Tenant shall immediately notify Landlord, in writing, of any problem, malfunction or damage with any item including carbon monoxide detector(s) and smoke alarms on the property. Tenant shall be charged for all repairs or replacements caused by Tenant, pets, guests or licensees of Tenant, excluding ordinary wear and tear. Tenant shall be charged for all damage to Premises as a result of failure to report a problem in a timely manner. Tenant shall be charged for repair of drain blockages or stoppages, unless caused by defective plumbing parts or tree roots invading sewer lines.
- B. ☐ Landlord ☒ Tenant shall water the garden, landscaping, trees and shrubs, except: _____
- C. ☐ Landlord ☐ Tenant shall maintain the garden, landscaping, trees and shrubs, except: _____
- D. ☐ Landlord ☐ Tenant shall maintain _____
- E. Landlord and Tenant agree that State or local water use restrictions shall supersede any obligation of Landlord or Tenant to water or maintain any garden, landscaping, trees or shrubs pursuant to 11B, 11C, and 11D.
- F. Tenant's failure to maintain any item for which Tenant is responsible shall give Landlord the right to hire someone to perform such maintenance and charge Tenant to cover the cost of such maintenance.
- G. The following items of personal property are included in the Premises without warranty and Landlord will not maintain, repair or replace them: _____
- H. Tenant understands that if Premises is located in a Common Interest Development, Landlord may not have authority or control over certain parts of the Premises such as roof, electrical, gas or plumbing features inside certain walls, and common areas such as shared parking structure or garage.
- I. Tenant shall not use the premises to plant, grow, cultivate or sell marijuana.

12. NEIGHBORHOOD CONDITIONS: Tenant is advised to satisfy himself or herself as to neighborhood or area conditions, including, but not limited to, schools, proximity and adequacy of law enforcement, crime statistics, proximity of registered felons or offenders, fire protection, other governmental services, availability, adequacy and cost of any wired, wireless internet connections or other telecommunications or other technology services and installations, proximity to commercial, industrial or agricultural activities, existing and proposed transportation, construction and development that may affect noise, view, or traffic, airport noise, noise or odor from any source, wild and domestic animals, other nuisances, hazards, or circumstances, cemeteries, facilities and condition of common areas, conditions and influences of significance to certain cultures and/or religions, and personal needs, requirements and preferences of Tenant.

13. PETS: Unless otherwise provided in California Civil Code §54.2, or other law, no animal or pet shall be kept on or about the Premises without Landlord's prior written consent, ☒ except as agreed to in the attached Pet Addendum (C.A.R. Form PET).

14. SMOKING:

- A. (i) Tenant is responsible for all damage caused by smoking including, but not limited to stains, burns, odors and removal of debris; (ii) Tenant acknowledges that in order to remove odor caused by smoking, Landlord may need to replace carpet and drapes and paint the entire premises regardless of when these items were last cleaned, replaced or repainted. Such actions and other necessary steps will impact the return of any security deposit.
- B. The Premises or common areas may be subject to a local non-smoking ordinance.
- C. NO SMOKING of any substance is allowed on the Premises or common areas. If smoking does occur on the Premises or common areas, (i) Tenant is in material breach of this Agreement; (ii) Tenant, guests, and all others may be required to leave the Premises. ☐ Smoking of the following substances only is allowed: _____

15. RULES/REGULATIONS:

- A. Tenant agrees to comply with all Landlord rules and regulations that are at any time posted on the Premises or delivered to Tenant. Tenant shall not, and shall ensure that guests, invitees, and licensees of Tenant shall not, disturb, annoy, endanger or interfere with other tenants of the building or neighbors, or use the Premises for any unlawful purposes, under federal, state, or local law including, but not limited to, using, manufacturing, selling, storing or transporting illicit drugs or other contraband, or violate any law or ordinance, or commit a waste or nuisance on or about the Premises.

B. (If applicable, check one)

- ☐ 1. Landlord shall provide Tenant with a copy of the rules and regulations within _____ days or _____
- OR ☐ 2. Tenant has been provided with, and acknowledges receipt of, a copy of the rules and regulations.

Tenant's Initials (S) ()

Landlord's Initials (ML) (B)

LR REVISED 6/18 (PAGE 3 OF 8)

RESIDENTIAL LEASE OR MONTH-TO-MONTH RENTAL AGREEMENT (LR PAGE 3 OF 8)

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16. ☐ (If checked) CONDOMINIUM; PLANNED UNIT DEVELOPMENT:

- A. The Premises are a unit in a condominium, planned unit development, common interest subdivision or other development governed by a homeowners' association ("HOA"). The name of the HOA is _____.
Tenant agrees to comply with all HOA covenants, conditions and restrictions, bylaws, rules and regulations and decisions ("HOA Rules"). Tenant shall reimburse Landlord for any fines or charges imposed by HOA or other authorities, due to any violation by Tenant, or the guests or licensees of Tenant or Landlord shall have the right to deduct such amounts from the security deposit.
- B. If applicable, Tenant is required to pay a fee to the HOA to gain access to certain areas within the development such as but not necessarily including or limited to the front gate, pool, and recreational facilities. If not specified in paragraph 5, Tenant is solely responsible for payment and satisfying any HOA requirements prior to or upon or after the Commencement Date.
- C. **(Check one)**
☐ 1. Landlord shall provide Tenant with a copy of the HOA Rules within _____ days or _____.
- OR ☐ 2. Tenant has been provided with, and acknowledges receipt of, a copy of the HOA Rules.

17. ALTERATIONS; REPAIRS: Unless otherwise specified by law or paragraph 25C, without Landlord's prior written consent, (i) Tenant shall not make any repairs, alterations or improvements in or about the Premises including: painting, wallpapering, adding or changing locks, installing antenna or satellite dish(es), placing signs, displays or exhibits, or using screws, fastening devices, large nails or adhesive materials; (ii) Landlord shall not be responsible for the costs of alterations or repairs made by Tenant; (iii) Tenant shall not deduct from Rent the costs of any repairs, alterations or improvements; and (iv) any deduction made by Tenant shall be considered unpaid Rent.**18. KEYS; LOCKS:**

- A. Tenant acknowledges receipt of (or Tenant will receive ☐ prior to the Commencement Date, or ☐ _____);
☐ key(s) to Premises, _____ remote control device(s) for garage door/gate opener(s),
☐ key(s) to mailbox, _____
☐ key(s) to common area(s), _____
- B. Tenant acknowledges that locks to the Premises ☐ have, ☐ have not, been re-keyed.
- C. If Tenant re-keys existing locks or opening devices, Tenant shall immediately deliver copies of all keys to Landlord. Tenant shall pay all costs and charges related to loss of any keys or opening devices. Tenant may not remove locks, even if installed by Tenant.

19. ENTRY:

- A. Tenant shall make Premises available to Landlord or Landlord's representative for the purpose of entering to make necessary or agreed repairs (including, but not limited to, installing, repairing, testing, and maintaining smoke detectors and carbon monoxide devices, and bracing, anchoring or strapping water heaters, or repairing dilapidation relating to the presence of mold); providing decorations, alterations, or improvements, or supplying necessary or agreed services; or to show Premises to prospective or actual purchasers, tenants, mortgagees, lenders, appraisers, contractors and others (collectively "Interested Persons"). Tenant agrees that Landlord, Broker and Interested Persons may take photos of the Premises.
- B. Landlord and Tenant agree that 24-hour written notice shall be reasonable and sufficient notice, except as follows: (1) 48-hour written notice is required to conduct an inspection of the Premises prior to the Tenant moving out, unless the Tenant waives the right to such notice. (2) If Landlord has in writing informed Tenant that the Premises are for sale and that Tenant will be notified orally to show the premises (C.A.R. Form NSE), then, for the next 120 days following the delivery of the NSE, notice may be given orally to show the Premises to actual or prospective purchasers. (3) No written notice is required if Landlord and Tenant orally agree to an entry for agreed services or repairs if the date and time of entry are within one week of the oral agreement. (4) No notice is required: (i) to enter in case of an emergency; (ii) if the Tenant is present and consents at the time of entry; or (iii) if the Tenant has abandoned or surrendered the Premises.
- C. ☐ (If checked) Tenant authorizes the use of a keysafe/lockbox to allow entry into the Premises and agrees to sign a keysafe/lockbox addendum (C.A.R. Form KLA).

20. PHOTOGRAPHS AND INTERNET ADVERTISING:

- A. In order to effectively market the Premises for sale or rental it is often necessary to provide photographs, virtual tours and other media to Interested Persons. Tenant agrees that Broker may photograph or otherwise electronically capture images of the exterior and interior of the Premises ("Images") for static and/or virtual tours of the Premises by Interested Persons for use on Broker's website, the MLS, and other marketing materials and sites. Tenant acknowledges that once Images are placed on the Internet neither Broker nor Landlord has control over who can view such Images and what use viewers may make of the Images, or how long such Images may remain available on the Internet.
- B. Tenant acknowledges that prospective Interested Persons coming onto the Premises may take photographs, videos or other images of the Premises. Tenant understands that Broker does not have the ability to control or block the taking and use of Images by any such persons. Once Images are taken and/or put into electronic display on the Internet or otherwise, neither Broker nor Landlord has control over who views such Images nor what use viewers may make of the Images.

21. SIGNS: Tenant authorizes Landlord to place FOR SALE/LEASE signs on the Premises.**22. ASSIGNMENT; SUBLETTING:** A. Tenant shall not sublet all or any part of Premises, or parking or storage spaces, or assign or transfer this Agreement or any interest in it, without Landlord's prior written consent. Unless such consent is obtained, any assignment, transfer or subletting of Premises or this Agreement or tenancy, by voluntary act of Tenant, operation of law or otherwise, shall, at the option of Landlord, terminate this Agreement. Any proposed assignee, transferee or sublessee shall submit to Landlord an application and credit information for Landlord's approval and, if approved, sign a separate written agreement with Landlord and Tenant. Landlord's consent to any one assignment, transfer or sublease, shall not be construed as consent to any subsequent assignment, transfer or sublease and does not release Tenant of Tenant's obligations under this Agreement. B. This prohibition also applies (☐ does not apply) to short term, vacation, and transient rentals such as, but not limited to, those arranged through AirBnB, VRBO, HomeAway or other short term rental services. C. Any violation of this prohibition is a non-curable, material breach of this Agreement.Tenant's Initials (S) (S)Landlord's Initials (M) (Z)

LR REVISED 6/18 (PAGE 4 OF 8)

RESIDENTIAL LEASE OR MONTH-TO-MONTH RENTAL AGREEMENT (LR PAGE 4 OF 8)

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23. JOINT AND INDIVIDUAL OBLIGATIONS: If there is more than one Tenant, each one shall be individually and completely responsible for the performance of all obligations of Tenant under this Agreement, jointly with every other Tenant, and individually, whether or not in possession.

24. POSSESSION:

- A. (1) Tenant is not in possession of the Premises. If Landlord is unable to deliver possession of Premises on Commencement Date, such Date shall be extended to the date on which possession is made available to Tenant. If Landlord is unable to deliver possession within 5 (or ☐) calendar days after agreed Commencement Date, Tenant may terminate this Agreement by giving written notice to Landlord, and shall be refunded all Rent and security deposit paid.
- or (2) Possession is deemed terminated when Tenant has returned all keys to the Premises to Landlord.
- B. ☒ Tenant is already in possession of the Premises.

25. TENANT'S OBLIGATIONS UPON VACATING PREMISES:

- A. Upon termination of this Agreement, Tenant shall: (i) give Landlord all copies of all keys and any opening devices to Premises, including any common areas; (ii) vacate and surrender Premises to Landlord, empty of all persons; and personal property belonging to Tenant (iii) vacate any/all parking and/or storage space; (iv) clean and deliver Premises, as specified in paragraph C below, to Landlord in the same condition as referenced in paragraph 10; (v) remove all debris; (vi) give written notice to Landlord of Tenant's forwarding address; and (vii) _____.
- B. All alterations/improvements made by or caused to be made by Tenant, with or without Landlord's consent, become the property of Landlord upon termination. Landlord may charge Tenant for restoration of the Premises to the condition it was in prior to any alterations/improvements.

- C. **Right to Pre-Move-Out Inspection and Repairs:** (i) After giving or receiving notice of termination of a tenancy (C.A.R. Form NTT), or before the expiration of this Agreement, Tenant has the right to request that an inspection of the Premises take place prior to termination of the lease or rental (C.A.R. Form NRI). If Tenant requests such an inspection, Tenant shall be given an opportunity to remedy identified deficiencies prior to termination, consistent with the terms of this Agreement. (ii) Any repairs or alterations made to the Premises as a result of this inspection (collectively, "Repairs") shall be made at Tenant's expense. Repairs may be performed by Tenant or through others, who have adequate insurance and licenses and are approved by Landlord. The work shall comply with applicable law, including governmental permit, inspection and approval requirements. Repairs shall be performed in a good, skillful manner with materials of quality and appearance comparable to existing materials. It is understood that exact restoration of appearance or cosmetic items following all Repairs may not be possible. (iii) Tenant shall: (a) obtain receipts for Repairs performed by others; (b) prepare a written statement indicating the Repairs performed by Tenant and the date of such Repairs; and (c) provide copies of receipts and statements to Landlord prior to termination. Paragraph 25C does not apply when the tenancy is terminated pursuant to California Code of Civil Procedure § 1161(2), (3), or (4).

26. BREACH OF CONTRACT; EARLY TERMINATION: In addition to any obligations established by paragraph 25, in the event of termination by Tenant prior to completion of the original term of the Agreement, Tenant shall also be responsible for lost Rent, rental commissions, advertising expenses and painting costs necessary to ready Premises for re-rental. Landlord may withhold any such amounts from Tenant's security deposit.

27. TEMPORARY RELOCATION: Subject to local law, Tenant agrees, upon demand of Landlord, to temporarily vacate Premises for a reasonable period, to allow for fumigation (or other methods) to control wood destroying pests or organisms, or other repairs to Premises. Tenant agrees to comply with all instructions and requirements necessary to prepare Premises to accommodate pest control, fumigation or other work, including bagging or storage of food and medicine, and removal of perishables and valuables. Tenant shall only be entitled to a credit of Rent equal to the per diem Rent for the period of time Tenant is required to vacate Premises.

28. DAMAGE TO PREMISES: If, by no fault of Tenant, Premises are totally or partially damaged or destroyed by fire, earthquake, accident or other casualty that render Premises totally or partially uninhabitable, either Landlord or Tenant may terminate this Agreement by giving the other written notice. Rent shall be abated as of the date Premises become totally or partially uninhabitable. The abated amount shall be the current monthly Rent prorated on a 30-day period. If the Agreement is not terminated, Landlord shall promptly repair the damage, and Rent shall be reduced based on the extent to which the damage interferes with Tenant's reasonable use of Premises. If damage occurs as a result of an act of Tenant or Tenant's guests, only Landlord shall have the right of termination, and no reduction in Rent shall be made.

29. INSURANCE: A. Tenant's, guest's, invitees or licensee's personal property and vehicles are not insured by Landlord, manager or, if applicable, HOA, against loss or damage due to fire, theft, vandalism, rain, water, criminal or negligent acts of others, or any other cause. **Tenant is advised to carry Tenant's own insurance (renter's insurance) to protect Tenant from any such loss or damage.** B. Tenant shall comply with any requirement imposed on Tenant by Landlord's insurer to avoid: (i) an increase in Landlord's insurance premium (or Tenant shall pay for the increase in premium); or (ii) loss of insurance. C. ☐ Tenant shall obtain liability insurance, in an amount not less than \$ _____, naming Landlord and, if applicable, Property Manager as additional insured for injury or damage to, or upon, the Premises during the term of this agreement or any extension. Tenant shall provide Landlord a copy of the insurance policy before commencement of this Agreement, and a rider prior to any renewal.

30. WATERBEDS/PORTABLE WASHERS: Tenant shall not use or have waterbeds on the Premises unless: (i) Tenant obtains a valid waterbed insurance policy; (ii) Tenant increases the security deposit in an amount equal to one-half of one month's Rent; and (iii) the bed conforms to the floor load capacity of Premises. Tenant shall not use on the Premises ☐ Portable Dishwasher ☐ Portable Washing Machine.

31. WAIVER: The waiver of any breach shall not be construed as a continuing waiver of the same or any subsequent breach.

Tenant's Initials [Signature]

Landlord's Initials MB JA

LR REVISED 6/18 (PAGE 5 OF 8)

RESIDENTIAL LEASE OR MONTH-TO-MONTH RENTAL AGREEMENT (LR PAGE 5 OF 8)

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32 NOTICE: Notices may be served at the following address, or at any other location subsequently designated:Landlord: John and Mandi GeorgePO Box 391Avila Beach, Ca 93424Tenant: Jarred Soliz2332 Black Walnut RoadSan Luis Obispo, Ca 93405**33. TENANT ESTOPPEL CERTIFICATE:** Tenant shall execute and return a tenant estoppel certificate delivered to Tenant by Landlord or Landlord's agent within **3 days** after its receipt (C.A.R. Form TEC). Failure to comply with this requirement shall be deemed Tenant's acknowledgment that the tenant estoppel certificate is true and correct, and may be relied upon by a lender or purchaser.**34. REPRESENTATION**

A. TENANT REPRESENTATION; OBLIGATIONS REGARDING OCCUPANTS; CREDIT: Tenant warrants that all statements in Tenant's rental application are accurate. Landlord requires all occupants 18 years of age or older and all emancipated minors to complete a lease rental application. Tenant acknowledges this requirement and agrees to notify Landlord when any occupant of the Premises reaches the age of 18 or becomes an emancipated minor. Tenant authorizes Landlord and Broker(s) to obtain Tenant's credit report periodically during the tenancy in connection with the modification or enforcement of this Agreement. Landlord may cancel this Agreement: (i) before occupancy begins; upon disapproval of the credit report(s), or upon discovering that information in Tenant's application is false; (ii) After commencement date, upon disapproval of an updated credit report or upon discovering that information in Tenant's application is no longer true. A negative credit report reflecting on Tenant's record may be submitted to a credit reporting agency if Tenant fails to fulfill the terms of payment and other obligations under this Agreement.

B. LANDLORD REPRESENTATIONS: Landlord warrants that, unless otherwise specified in writing, Landlord is unaware of (i) any recorded Notices of Default affecting the Premise; (ii) any delinquent amounts due under any loan secured by the Premises; and (iii) any bankruptcy proceeding affecting the Premises.

35. MEDIATION:

A. Consistent with paragraphs B and C below, Landlord and Tenant agree to mediate any dispute or claim arising between them out of this Agreement, or any resulting transaction, before resorting to court action. Mediation fees, if any, shall be divided equally among the parties involved. If, for any dispute or claim to which this paragraph applies, any party commences an action without first attempting to resolve the matter through mediation, or refuses to mediate after a request has been made, then that party shall not be entitled to recover attorney fees, even if they would otherwise be available to that party in any such action.

B. The following matters are excluded from mediation: (i) an unlawful detainer action; (ii) the filing or enforcement of a mechanic's lien; and (iii) any matter within the jurisdiction of a probate, small claims or bankruptcy court. The filing of a court action to enable the recording of a notice of pending action, for order of attachment, receivership, injunction, or other provisional remedies, shall not constitute a waiver of the mediation provision.

C. Landlord and Tenant agree to mediate disputes or claims involving Listing Agent, Leasing Agent or property manager ("Broker"), provided Broker shall have agreed to such mediation prior to, or within a reasonable time after, the dispute or claim is presented to such Broker. Any election by Broker to participate in mediation shall not result in Broker being deemed a party to this Agreement.

36. ATTORNEY FEES: In any action or proceeding arising out of this Agreement, the prevailing party between Landlord and Tenant shall be entitled to reasonable attorney fees and costs, collectively not to exceed \$1,000 (or \$ _____), except as provided in paragraph 35A.**37. C.A.R. FORM:** C.A.R. Form means the specific form referenced or another comparable form agreed to by the parties.**38. STATUTORY DISCLOSURES:**

A. ☐ LEAD-BASED PAINT (If checked): Premises were constructed prior to 1978. In accordance with federal law, Landlord gives and Tenant acknowledges receipt of the disclosures on the attached form (C.A.R. Form FLD) and a federally approved lead pamphlet.

B. PERIODIC PEST CONTROL (CHECK IF EITHER APPLIES):

1. ☐ Landlord has entered into a contract for periodic pest control treatment of the Premises and shall give Tenant a copy of the notice originally given to Landlord by the pest control company.

2. ☒ Premises is a house. Tenant is responsible for periodic pest control treatment.

C. ☐ METHAMPHETAMINE CONTAMINATION: Prior to signing this Agreement, Landlord has given Tenant a notice that a health official has issued an order prohibiting occupancy of the property because of methamphetamine contamination. A copy of the notice and order are attached.

D. BED BUGS: Landlord has no knowledge of any infestation in the Premises by bed bugs. See attached Bed Bug Disclosure (C.A.R. Form BBD) for further information. Tenant shall report suspected bed bug infestation to Landlord or, if applicable, property manager and cooperate with any inspection for and treatment of bed bugs. Landlord will notify tenants of any units infested by bed bugs.

E. MEGAN'S LAW DATABASE DISCLOSURE: Notice: Pursuant to Section 290.46 of the Penal Code, information about specified registered sex offenders is made available to the public via an Internet Web site maintained by the Department of Justice at www.meganslaw.ca.gov. Depending on an offender's criminal history, this information will include either the address at which the offender resides or the community of residence and ZIP Code in which he or she resides. (Neither Landlord nor Brokers, if any, are required to check this website. If Tenant wants further information, Tenant should obtain information directly from this website.)

F. ☐ RESIDENTIAL ENVIRONMENTAL HAZARDS BOOKLET: Tenant acknowledges receipt of the residential environmental hazards booklet.

G. ☐ MILITARY ORDNANCE DISCLOSURE: (If applicable and known to Landlord) Premises are located within one mile of an area once used for military training, and may contain potentially explosive munitions.

H. FLOOD HAZARD DISCLOSURE: Flooding has the potential to cause significant damage to personal property owned by Tenant. See attached Tenant Flood Hazard Disclosure (C.A.R. Form TFHD) for additional information.

Tenant's Initials (JG) (MS)Landlord's Initials (JS) (B)

LR REVISED 6/18 (PAGE 6 OF 8)

RESIDENTIAL LEASE OR MONTH-TO-MONTH RENTAL AGREEMENT (LR PAGE 6 OF 8)

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39. TIME OF ESSENCE; ENTIRE CONTRACT; CHANGES: Time is of the essence. All understandings between the parties are incorporated in this Agreement. Its terms are intended by the parties as a final, complete and exclusive expression of their Agreement with respect to its subject matter, and may not be contradicted by evidence of any prior agreement or contemporaneous oral agreement. If any provision of this Agreement is held to be ineffective or invalid, the remaining provisions will nevertheless be given full force and effect. Neither this Agreement nor any provision in it may be extended, amended, modified, altered or changed except in writing. This Agreement is subject to California landlord-tenant law and shall incorporate all changes required by amendment or successors to such law. This Agreement and any supplement, addendum or modification, including any copy, may be signed in two or more counterparts, all of which shall constitute one and the same writing.

40. AGENCY:

A. CONFIRMATION: The following agency relationship(s) are hereby confirmed for this transaction:

Listing Agent: (Print firm name) _____

is the agent of (check one): ☐ the Landlord exclusively; or ☐ both the Landlord and Tenant.

Leasing Agent: (Print firm name) _____

(if not same as Listing Agent) is the agent of (check one): ☐ the Tenant exclusively; or ☐ the Landlord exclusively; or ☐ both the Tenant and Landlord.

B. DISCLOSURE: ☐ (If checked): The term of this Agreement exceeds one year. A disclosure regarding real estate agency relationships (C.A.R. Form AD) has been provided to Landlord and Tenant, who each acknowledge its receipt.

41. ☐ TENANT COMPENSATION TO BROKER: Upon execution of this Agreement, Tenant agrees to pay compensation to Broker as specified in a separate written agreement between Tenant and Broker.

42. NOTICE OF RIGHT TO RECEIVE FOREIGN LANGUAGE TRANSLATION OF LEASE/RENTAL AGREEMENTS: California Civil Code requires a landlord or property manager to provide a tenant with a foreign language translation copy of a lease or rental agreement if the agreement was negotiated primarily in Spanish, Chinese, Korean, Tagalog or Vietnamese. If applicable, every term of the lease/rental needs to be translated except for, among others, names, dollar amounts and dates written as numerals, and words with no generally accepted non-English translation.

43. OWNER COMPENSATION TO BROKER: Upon execution of this Agreement, Owner agrees to pay compensation to Broker as specified in a separate written agreement between Owner and Broker (C.A.R. Form LL or LCA).

44. RECEIPT: If specified in paragraph 5, Landlord or Broker, acknowledges receipt of move-in funds.

45. OTHER TERMS AND CONDITIONS; If checked, the following ATTACHED documents are incorporated in this Agreement:

☐ Keysafe/Lockbox Addendum (C.A.R. Form KLA); ☐ Lead-Based Paint and Lead-Based Paint Hazards Disclosure (C.A.R. Form FLD);

☐ Lease/Rental Mold and Ventilation Addendum (C.A.R. Form LRM); ☐ Landlord in Default Addendum (C.A.R. Form LID)

☒ Bed Bug Disclosure (C.A.R. Form BBD); ☒ Tenant Flood Hazard Disclosure (C.A.R. Form TFHD)

Other: Tenant agrees to comply with all State and Federal Laws.

46. REPRESENTATIVE CAPACITY: If one or more Parties is signing this Agreement in a representative capacity and not for him/herself as an individual then that Party shall so indicate in paragraph 49 or 50 and attach a Representative Capacity Signature Disclosure (C.A.R. Form RCSD). Wherever the signature or initials of the representative identified in the RCSD appear on this Agreement or any related documents, it shall be deemed to be in a representative capacity for the entity described and not in an individual capacity, unless otherwise indicated. The Party acting in a representative capacity (i) represents that the entity for which that party is acting already exists and (ii) shall Deliver to the other Party and Escrow Holder, within 3 Days After Acceptance, evidence of authority to act in that capacity (such as but not limited to: applicable portion of the trust or Certification Of Trust (Probate Code §18100.5), letters testamentary, court order, power of attorney, corporate resolution, or formation documents of the business entity).

Landlord and Tenant acknowledge and agree Brokers: (a) do not guarantee the condition of the Premises; (b) cannot verify representations made by others; (c) cannot provide legal or tax advice; (d) will not provide other advice or information that exceeds the knowledge, education or experience required to obtain a real estate license. Furthermore, if Brokers are not also acting as Landlord in this Agreement, Brokers: (e) do not decide what rental rate a Tenant should pay or Landlord should accept; and (f) do not decide upon the length or other terms of this Agreement. Landlord and Tenant agree that they will seek legal, tax, insurance and other desired assistance from appropriate professionals.

47. ☐ INTERPRETER/TRANSLATOR: The terms of this Agreement have been interpreted for Tenant into the following language: _____ Landlord and Tenant acknowledge receipt of the attached interpreter/translator agreement (C.A.R. Form ITA).

48. The Premises is being managed by Owner, (or, if checked):

☐ Listing firm in box below

☐ Leasing firm in box below

☐ Property Management firm immediately below

Real Estate Broker (Property Manager) _____

DRE Lic # _____

By (Agent) _____

DRE Lic # _____

Address _____

Telephone # _____

Tenant's Initials JS () ()

Landlord's Initials mb () B ()

LR REVISED 6/18 (PAGE 7 OF 8)

RESIDENTIAL LEASE OR MONTH-TO-MONTH RENTAL AGREEMENT (LR PAGE 7 OF 8)

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2332 Black



Premises: 2332 Black Walnut Rd, San Luis Obispo, CA 93405-8013

Date: 07/01/2018

49. Tenant agrees to rent the Premises on the above terms and conditions.

☐ One or more Tenants is signing this Agreement in a representative capacity and not for him/herself as an individual. See attached Representative Capacity Signature Disclosure (For Tenant Representative) (C.A.R. Form RCSD-T) for additional terms.

Tenant [Signature] Date 7/1/18
Print Name Jarred Soliz
Address 2332 Black Walnut Road City San Luis Obispo State Ca Zip 93405
Telephone _____ Fax _____ E-mail _____
Tenant _____ Date _____
Print Name _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Fax _____ E-mail _____

☐ Additional Signature Addendum attached (C.A.R. Form ASA)

☐ **GUARANTEE:** In consideration of the execution of this Agreement by and between Landlord and Tenant and for valuable consideration, receipt of which is hereby acknowledged, the undersigned ("Guarantor") does hereby: (i) guarantee unconditionally to Landlord and Landlord's agents, successors and assigns, the prompt payment of Rent or other sums that become due pursuant to this Agreement, including any and all court costs and attorney fees included in enforcing the Agreement; (ii) consent to any changes, modifications or alterations of any term in this Agreement agreed to by Landlord and Tenant; and (iii) waive any right to require Landlord and/or Landlord's agents to proceed against Tenant for any default occurring under this Agreement before seeking to enforce this Guarantee.

Guarantor (Print Name) _____
Guarantor _____ Date _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Fax _____ E-mail _____

50. Landlord (owner or agent for owner) agrees to rent the Premises on the above terms and conditions.

☐ One or more Landlords is signing this Agreement in a representative capacity and not for him/herself as an individual. See attached Representative Capacity Signature Disclosure (For Landlord Representative) (C.A.R. Form RCSD-L) for additional terms.

Landlord John George Date 7/1/18 Landlord Mahdi George Date 7/1/18
Address PO BOX 391, Avila Beach, Ca 93424
Telephone (805)440-2230 Fax _____ E-mail _____

REAL ESTATE BROKERS:

A. Real estate brokers who are not also Landlord under this Agreement are not parties to the Agreement between Landlord and Tenant.

B. Agency relationships are confirmed in paragraph 40.

C. **COOPERATING BROKER COMPENSATION:** Listing Broker agrees to pay Cooperating Broker (Leasing Firm) and Cooperating Broker agrees to accept: (i) the amount specified in the MLS, provided Cooperating Broker is a Participant of the MLS in which the Property is offered for sale or lease or a reciprocal MLS; or (ii) ☐ (if checked) the amount specified in a separate written agreement between Listing Broker and Cooperating Broker.

Real Estate Broker (Leasing Firm) _____ DRE Lic. # _____
By (Agent) _____ DRE Lic. # _____ Date _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Fax _____ E-mail _____

Real Estate Broker (Listing Firm) _____ DRE Lic. # _____
By (Agent) _____ DRE Lic. # _____ Date _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Fax _____ E-mail _____

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RESIDENTIAL LEASE OR MONTH-TO-MONTH RENTAL AGREEMENT (LR PAGE 8 OF 8)

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2332 Black



BED BUG DISCLOSURE

(C.A.R. Form BBD, Revised 12/18)
(California Civil Code §1954.603)

The following terms and conditions are hereby incorporated in and made a part of the: Residential Lease or Month-to-Month Rental Agreement, ("Agreement"), dated July 1, 2018, on property known as 2332 Black Walnut Rd, San Luis Obispo, CA 93405-8013

in which Jarred Soliz is referred to as ("Tenant")
and John George, Mandi George is referred to as ("Landlord").

INFORMATION ABOUT BED BUGS:

1. **Bed Bug Appearance:** Bed bugs have six legs. Adult bed bugs have flat bodies about 1/4 of an inch in length. Their color can vary from red and brown to copper colored. Young bed bugs are very small. Their bodies are about 1/16 of an inch in length. They have almost no color. When a bed bug feeds, its body swells, may lengthen, and becomes bright red, sometimes making it appear to be a different insect. Bed bugs do not fly. They can either crawl or be carried from place to place on objects, people, or animals. Bed bugs can be hard to find and identify because they are tiny and try to stay hidden.
2. **Life Cycle and Reproduction:** An average bed bug lives for about 10 months. Female bed bugs lay one to five eggs per day. Bed bugs grow to full adulthood in about 21 days.
3. **Bed bugs can survive for months without feeding.**
4. **Bed Bug Bites:** Because bed bugs usually feed at night, most people are bitten in their sleep and do not realize they were bitten. A person's reaction to insect bites is an immune response and so varies from person to person. Sometimes the red welts caused by the bites will not be noticed until many days after a person was bitten, if at all.
5. **Common signs and symptoms of a possible bed bug infestation:**
 - Small red to reddish brown fecal spots on mattresses, box springs, bed frames, mattresses, linens, upholstery, or walls.
 - Molted bed bug skins, white, sticky eggs, or empty eggshells.
 - Very heavily infested areas may have a characteristically sweet odor.
 - Red, itchy bite marks, especially on the legs, arms, and other body parts exposed while sleeping. However, some people do not show bed bug lesions on their bodies even though bed bugs may have fed on them.
6. For more information, see the Internet Web sites of the United States Environmental Protection Agency and the National Pest Management Association.
7. **Tenant shall report suspected infestations by bed bugs to the Landlord or Property Manager** at the mailing, or email address or phone number provided in the Agreement and cooperate with any inspection for and treatment of bed bugs.
8. Landlord will notify tenants of any units inspected by a pest control operator of the findings by such an operator within 2 business days of the receipt of the findings. All Tenants will be notified of confirmed infestations within common areas.

Tenant agrees to release, indemnify, hold harmless and forever discharge Landlord and Landlord's employees, agents, successors and assigns from any and all claims, liabilities or causes of action of any kind that Tenant, members of Tenant's household or Tenant's guests or invitees may have at any time against Landlord or Landlord's agents resulting from the presence of bedbugs due to Tenant's failure to comply with this Bed Bug Disclosure.

The foregoing terms and conditions are hereby agreed to, and the undersigned acknowledge receipt of a copy of this document.

Date 7/1/18 Date 7/1/18
Tenant Jarred Soliz Landlord John George
Tenant _____ Landlord Mandi George

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BED BUG DISCLOSURE (BBD PAGE 1 OF 1)

Keller Williams Realty Central Coast, 350 James Way #130 Pismo Beach CA 93449
Mandi George

Phone: 805.440.2330
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Fax:

2332 Black



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TENANT FLOOD HAZARD DISCLOSURE (C.A.R. Form TFHD, Revised 12/18)

The following terms and conditions are hereby incorporated in and made a part of the: Residential Lease or Month-to-Month Rental Agreement, ("Agreement"), ☐ Residential Lease After Sale, ☐ Other _____, dated 7/1/18, on property known as 2332 Black Walnut Rd, San Luis Obispo, CA 93405-8013 in which Jarred Soliz and John George, Mandi George is referred to as ("Tenant") is referred to as ("Landlord").

INFORMATION ABOUT FLOOD HAZARDS: Tenant is informed of the following:

1. The Property is not located in a special flood hazard area or an area of potential flooding.

OR

- ☐ The Property is located in a special flood hazard area or an area of potential flooding. Property is deemed to be in a special flood hazard area or area of potentially flooding if any of the following scenarios apply:
- A. The owner has actual knowledge of that fact.
 - B. The owner has received written notice from any public agency stating that the Property is located in a special flood hazard area or an area of potential flooding.
 - C. The Property is located in an area in which the owner's mortgage holder requires the owner to carry flood insurance.
 - D. The owner currently carries flood insurance.
2. The tenant may obtain information about hazards, including flood hazards, that may affect the Property from the Internet Web site of the Office of Emergency Services, My Hazards Tool (<http://myhazards.caloes.ca.gov>).
3. The owner's insurance does not cover the loss of the tenant's personal possessions and it is recommended that the tenant consider purchasing renter's insurance and flood insurance to insure his or her possessions from loss due to fire, flood, or other risk of loss.
4. The owner is not required to provide additional information concerning the flood hazards to the Property and that the information provided pursuant to this section (California Government Code section 8589.45) is deemed to inform the tenant.

The foregoing terms and conditions are hereby agreed to, and the undersigned acknowledge receipt of a copy of this document.

Date 7/1/18

Tenant Jarred Soliz

Tenant _____

Date 7/1/18

Landlord John George

Landlord Mandi George

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TENANT FLOOD HAZARD DISCLOSURE (TFHD PAGE 1 OF 1)



Keller Williams Realty Central Coast, 350 James Way #130 Pismo Beach CA 93449
Mandi George

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PET ADDENDUM
(C.A.R. Form PET, 11/13)

The following terms and conditions are hereby incorporated in and made a part of the ☒ Residential Lease or Month-to-Month Rental Agreement, ☐ other _____, dated 07/01/2018, on property located at (Street Address) 2332 Black Walnut Rd, (Unit/Apartment) _____ (City) San Luis Obispo (State) CA (Zip Code) 93405-8013 ("Premises"), in which Jarred Soliz is referred to as "Tenant" and John George is referred to as "Landlord" (the term "Landlord" includes Owner and agent).

PET ADDENDUM AND AGREEMENT:

Notwithstanding any other term in the Agreement, Landlord herewith grants permission for Tenant to have the following pet(s) only on the Premises: two dogs subject to the following terms and conditions:

1. Tenant is not allowed to have any other pets on the Premises other than those designated above, including any pets that are "just visiting."
2. Tenant represents to Landlord that the pet(s) is housebroken, has no vicious tendencies or history of threatening or causing harm to persons by biting, scratching, chewing or otherwise.
3. Tenant agrees that the pet(s) will be properly licensed and vaccinated pursuant to applicable laws and Tenant further agrees to provide proof of licensing and vaccination upon Landlord's or agent's request.
4. Tenant is responsible for compliance with all local laws and regulations relating to the pets.
5. Tenant agrees to clean up after their pet(s) and properly dispose of all waste.
6. Tenant agrees to keep Premises free from pet odor and stain.
7. Tenant agrees to take action to avoid pest infestations (fleas, etc.) in the Premises.
8. If the Premises is part of a residential complex, pets are not allowed in pool areas, clubhouses, business office, laundry rooms, business center or fitness centers. Pets may not be bathed or groomed in the laundry room sinks, pools, or pool area.
9. Permission to have a pet may be revoked at any time with three days notice for cause, or for month to month tenancies with thirty days notice without cause. Tenant's failure to remove the pet(s) after permission has been revoked shall be deemed a breach of the lease or rental agreement.
10. Tenant is responsible for and will be charged for any damage to the Premises caused by their pet(s), whether listed above or "just visiting." Damages include, but are not limited to, damages to floors, carpets, drapes, screens, landscaping, fencing, including odors due to the presence of pets.
11. Tenant agrees to indemnify and hold Landlord and Landlord's agents harmless from all liability, claims, demands, damages and costs for injuries to persons or property in connection with Tenant's pet(s).
12. ☒ Tenant agrees to carry renter's insurance which includes coverage for pet ownership.
13. _____

By signing below, Tenant acknowledges that they have read, understand, accept, and have received a copy of this addendum.

Tenant (Signature): <u>Jarred Soliz</u>	Date: <u>7/1/18</u>
(Print Name) <u>Jarred Soliz</u>	Date: _____
Tenant (Signature): _____	Date: _____
(Print Name) _____	Date: _____
Landlord (Signature): <u>John George</u>	Date: <u>7/1/18</u>
(Print Name) <u>John George</u>	Date: _____

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PET 11/13 (PAGE 1 OF 1)

PET ADDENDUM (PET PAGE 1 OF 1)



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Mandi George	Produced with zipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026	www.ziplogix.com	

Client Name: Jarred Soliz Affected Address: 2332 blackwalnut rd san luis obispo ca 93405

Category	Item Description	Mark " X " if Yes	Type Brand/manufacturer/ model	Condition Fair / Good / Excellent	QTY	Value	Room / Location
Appliances	Air Purifier	x	honeywell	excellent	1		bedroom
Appliances	Air Conditioning Unit - Window	x	kenmore elite 1200 btu	excellent	1		living room
Appliances	Bag Sealer	x	beep sealer 12"	excellent	1		kitchen
Appliances	Blanket - Electric	x	cuddl duds sherpa	excellent	1		bedroom
Appliances	Blender	x	vitamix	good	1		kitchen
Appliances	Blender - NutriBullet	x	nutri bullet rx	good	1		kitchen
Appliances	Carpet Steamer	x	bissell big green	excellent	1		living room
Appliances	Ceiling Fan	x	cedarto 52"	excellent	2		living room/b
Appliances	Coffee Grinder	x	breville smart grinder	good	1		kitchen
Appliances	Crock Pot	x	kitchen aid slow cooker	good	1		kitchen
Appliances	Curling Iron	x	dyson airwrap	excellent	1		bathroom
Appliances	Deep Fryer	x	cabela's deep fryer	good	1		kitchen
Appliances	Dehumidifier	x	frigidaire 70 pint	excellent	3		bedrooms/kit
Appliances	Dishwasher	x	kitchen aid top control	excellent	1		kitchen
Appliances	Disposal - Food	x	insinkerator pro	excellent	1		kitchen
Appliances	Dryer - Electric	x	speed queen	good	1		laundry room
Appliances	Dust Buster	x	black and decker	good	1		living room
Appliances	Essential Oil	x	n/a	good	15		bedroom
Appliances	Essential Oil Diffuser	x	rainstone diffuser	excellent	1		bedroom
Appliances	Fan	x	global industrial	excellent	12		mudroom
Appliances	Food Processor	x	kitchen aid 11 cup	good	1		kitchen
Appliances	Griddle	x	blackstone 36" griddle	good	1		carport
Appliances	Hair Clippers	x	wahl clippers	good	1		bathroom
Appliances	Hair Dryer	x	dyson hair dryer	excellent	1		bathroom
Appliances	Hair Flat Iron	x	babybliss	good	1		bathroom
Appliances	Heater - Electric	x	preseto heat dish	excellent	2		bedrooms/kit
Appliances	Hot Plate	x	avantco double	good	1		kitchen
Appliances	Iron	x	black and decker	excellent	1		laundry room

Category	Item Description	Mark "X" if Yes	Type Brand/manufacture/ model	Condition Fair / Good / Excellent	QTY	Value	Room / Location
Appliances	Juicer	x	breville 1000 watt	good	1		kitchen
Appliances	Make Up Mirror	x	hansong vanity mirror	good	1		bathroom
Appliances	Microwave	x	kitchenaid 1000 watt	excellent	1		kitchen
Appliances	Pasta Machine	x	elehealthy 750 watt	excellent	1		kitchen
Appliances	Pressure Cooker	x	ninja foodi 6.5 qt	excellent	1		kitchen
Appliances	Range - Electric	x	kitchen aid convection	excellent	1		kitchen
Appliances	Refrigerator	x	kitchenaid 27cu. Ft. fren	excellent	1		kitchen
Appliances	Rice Cooker	x	panasonic rice cooker	excellent	1		kitchen
Appliances	Toaster	x	wolf gourmet 4 slice	excellent	1		kitchen
Appliances	Toaster Oven	x	kenmore toaster oven	excellent	1		kitchen
Appliances	Toothbrush - Electric	x	sonicare electric	excellent	2		bathroom
Appliances	Waffle Maker	x	adcraft belgian waffle	good	1		kitchen
Appliances	Washer	x	speed queen top load	excellent	1		laundry room
Appliances	Water Heater - Electric	x	rheem 50 gallon heater	excellent	1		laundry room
Appliances	Wok - Plug In	x	presto stainless elect	tood	1		kitchen
Cooking	Apron	x	misc	excellent-good	10		kitchn
Cooking	Basting Brush	x	von's brand	good	2		kitchen
Cooking	Beverage - Non-Alcoholic	x	misc	good	10		kitchen
Cooking	Bottle of liquor	x	tequilla and whiskey	excellent	2		kitchen
Cooking	Bottle of Red Wine	x	misc wines	excellent	20		kitchen
Cooking	Cake Pan - Glass	x	misc pyrex	excellent	5		kitchen
Cooking	Cake Pan - Metal	x	misc	excellent	5		kitchen
Cooking	Canning Jar	x	misc	excellent	20		kitchen
Cooking	Casserole Dish - Porcelain	x	corningware	excellent	1		kitchen
Cooking	Cast Iron Pan	x	misc 12"	excellent	1		kitchen
Cooking	Cleaver	x	cutco	excellent	1		kitchen
Cooking	Colander	x	choice 48 qt	excellent	1		kitchen
Cooking	Condiments	x	misc	excellent			kitchen
Cooking	Cookie Sheet	x	circulon 2 piece non-stick	excellent	1		kitchen
Cooking	Cookie/Pie Cooling Rack	x	culinary edge stackable	excellent	1		kitchen
Cooking	Cooking Utensil	x	misc	excellent-good	20		kitchen
Cooking	Cooking Utensil Holder	x	misc	excellent	1		kitchen

Category	Item Description	Mark "X" if Yes	Type Brand/manufacture/ model	Condition Fair / Good / Excellent	QTY	Value	Room / Location
Cooking	Cutlery	x	cutco homemaker	excellent	1		kitchen
Cooking	Cutting Boards	x	wood and plastic misc.	excellent	2		kitchen
Cooking	Dish Towels	x	misc kohls brand	good	5		kitchen
Cooking	Flour Sifter	x	antique flower sifter	good	1		kitchen
Cooking	Fondue Set	x	swissmar 11 piece	excellent	1		kitchen
Cooking	Food - Frozen	x	misc	good			kitchen
Cooking	Food - Refrigerated	x	misc	good			kitchen
Cooking	Food Storage Container - Glass	x	misc	good	2		kitchen
Cooking	Garlic Press	x	pampered chef	excellent	1		kitchen
Cooking	Grill Pan	x	calphalon classic ano	good	1		kitchen
Cooking	Herb Plant - Indoor	x	misc	excellent			kitchen
Cooking	Knife, Chef	x	henckels pro 8"	excellent	1		kitchen
Cooking	Loaf Pan	x	misc	excellent	4		kitchen
Cooking	Measuring Cup	x	misc	excellent	1		kitchen
Cooking	Meat Thermometer	x	thermo pro	excellent	1		kitchen
Cooking	Muffin Pan	x	misc	excellent	2		kitchen
Cooking	Oven Mitt	x	misc	excellent-good	4		kitchen
Cooking	Pan	x	kitchenaid	good	1		kitchen
Cooking	Parchment Paper	x	misc	good	1		kitchen
Cooking	Pizza Cutter	x	misc	excellent	1		kitchen
Cooking	Pizza Pan	x	Kitchenware 16x12 Inch	excellent	2		kitchen
Cooking	Pot	x	kitchenaid	excellent	1		kitchen
Cooking	Potato Peeler	x	misc	good	1		kitchen
Cooking	Serving Dish - Holiday	x	misc	good	1		kitchen
Cooking	Serving Dishes	x	misc	good 1	1		kitchen
Cooking	Skewer	x	navaris stanless	good	1		kitchen
Cooking	Skillet	x	kitchenaid	excellent	1		kitchen
Cooking	Soup Bowl	x	misc	good	4		kitchen
Cooking	Spatula	x	misc	good	2		kitchen
Cooking	Spice Rack	x	allspice wooden spice ra	excellent	1		kitchen
Cooking	Steak Knife Set	x	cutco steak knife set	excellent	1		kitchen
Cooking	Tea	x	misc	excellent			kitchen

Category	Item Description	Mark "X" if Yes	Type Brand/manufacture/ model	Condition Fair / Good / Excellent	QTY	Value	Room / Location
Cooking	Tea Kettle	x	misc	excellent	1		kitchen
Cooking	Tea Kettle - Electric	x	fellow stag electric	excellent	1		kitchen
Cooking	Timer	x	misc digital timer	excellent	1		kitchen
Cooking	Tongs	x	oxo good grips	excellent	2		kitchen
Cooking	Trash Bag	x	glad	excellent	1		kitchen
Cooking	Trash Can	x	misc locking	excellent	3		kitchen/bathr
Cooking	Ziploc Bags	x	sandwich sized	excellent	1		kitchen
Houseware	Bottle Opener	x	corona	excellent	1		kitchen
Houseware	Bowl	x	misc	excellent	5		kitchen
Houseware	Broom	x	misc	excellent	2		kitchen
Houseware	Butter Dish	x	misc	excellent	1		kitchen
Houseware	Can Opener	x	misc	excellent	1		kitchen
Houseware	Cereal Bowl	x	MISC	excellent	5		kitchen
Houseware	Cheese Grater	x	misc	excellent	1		kitchen
Houseware	Cheese Slicer	x	misc	excellent	1		kitchen
Houseware	Cheese Tray	x	misc	excellent	1		kitchen
Houseware	Clothes Hanger	x	misc	good	1		bedroom
Houseware	Clothes Rack	x	better homes brand	excellent	1		bedroom
Houseware	Coaster Set	x	805	excellent	1		living room
Houseware	Cocktail Glass	x	misc	excellent	5		kitchen
Houseware	Coffee	x	petes	excellent	1		kitchen
Houseware	Coffee Cup	x	custom made	excellent	6		kitchen
Houseware	Coffee Maker - Drip	x	french press xl	excellent	1		kitchen
Houseware	Cookie Cutter	x	all shapes	excellent	1		kitchen
Houseware	Corkscrew	x	misc	excellen	1		kitchen
Houseware	Dinner Plate	x	misc	excellent	1		kitchen
Houseware	Dinnerware	x	misc	excellent	1		kitchen
Houseware	Dish Cloth	x	misc	excellent	3		kitchen
Houseware	Dish Drain	x	walmart brand	good	1		kitchen
Houseware	Dust Pan	x	walmart brand	good	1		kitchen
Houseware	Duster	x	feather	excellent	1		kitchen
Houseware	Flashlight	x	pelican 8060 led	excellent	1		bedroom

Category	Item Description	Mark "X" if Yes	Type Brand/manufacture/ model	Condition Fair / Good / Excellent	QTY	Value	Room / Location
Houseware	Flatware	X	artisan hammered	good	1		kitchen
Houseware	Glass - Cocktail	X	misc	excellent			kitchen
Houseware	Glass - Drinking	X	misc	excellent			kitchen
Houseware	Glass - Red Wine	X	misc	excellent			kitchen
Houseware	Ice Cream Scoop	X	misc	excellent	1		kitchen
Houseware	Ice Tea Pot	X	misc	good	1		kitchen
Houseware	Ironing Board	X	walmart brand	excellent	1		kitchen
Houseware	Jar - Sun Tea	X	misc	excellent	1		kitchen
Houseware	Kleenex	X	puffs with lotion	good	2		bedrooms
Houseware	Laundry Bag	X	misc	good	1		laundry room
Houseware	Laundry Basket	X	misc	good	1		laundry room
Houseware	Laundry Detergent	X	tide	good	1		laundry room
Houseware	Laundry Dryer Sheet	X	tide	good	1		laundry room
Houseware	Lighter	X	bic	excellent	5		
Houseware	Lunch Box	X	yeti	excellent	1		kitchen
Houseware	Magnets - Refrigerator	X	misc	excellent	1		kitchen
Houseware	Mop	X	misc	excellent	1		kitchen
Houseware	Nail Clipper	X	misc	excellent	2		bathroom
Houseware	Nail Polish	X	misc	excellent			bathroom
Houseware	Nail Polish Remover	X	misc	excellent			bathroom
Houseware	Napkin - Fabric	X	kohls brand	excellent			kitchen
Houseware	Napkin Ring - Set	X	kohls brand	excellent			kitchen
Houseware	Nut Cracker	X	misc	excellent			kitchen
Houseware	Paper Towel	X	bounty	excellent			kitchen
Houseware	Paper Towel Holder	X	misc	excellent			kitchen
Houseware	Pitcher	X	misc	excellent	1		kitchen
Houseware	Placemat	X	kohls brand	excellent			kitchen
Houseware	Platter	X	kohls brand	excellent	1		kitchen
Houseware	Plunger	X	misc	excellent	2		bathrooms
Houseware	Pocket Knife	X	kershaw	excellent	2		bedroom
Houseware	Pocket Knife - Swiss Army	X		excellent	1		bedroom
Houseware	Punch Bowl	X	misc	excellent	1		kitchen

Category	Item Description	Mark " X " if Yes	Type Brand/ manufacture/ model	Condition Fair / Good / Excellent	QTY	Value	Room / Location
Houseware	Quilt	x	custom knit	excellent	1		bedroom
Houseware	Razor	x	gillet mach 5	excellent	1		bathroom
Houseware	Rolling Pin	x	misc	excellent	2		kitchen
Houseware	Salad Bowl	x	misc	excellent	1		kitchen
Houseware	Salt/Pepper Set	x	misc	excellent	1		kitchen
Houseware	Saucer	x	misc	excellent	1		kitchen
Houseware	Scale - Kitchen	x	misc	excellent	1		kitchen
Houseware	Scrub Brush	x	misc	excellent	1		kitchen
Houseware	Serving Dish	x	misc	excellent	1		kitchen
Houseware	Serving Plate	x	misc	excellent	1		kitchen
Houseware	Shaving Soap & Brush	x	misc	excellent	1		bathroom
Houseware	Shoe Horn	x	misc	excellent	1		bedroom
Houseware	Shoe Rack	x	kohls brand	excellent	1		bedroom
Houseware	Shot Glass - Set	x	nfl misc	excellent	1		kitchen
Houseware	Shower Caddy	x	bed,bath, and beyond	excellent	1		bathroom
Houseware	Shower Curtain	x	generic plastic	excellent	1		bathroom
Houseware	ShowerHead	x	misc	excellent	2		bathroom
Houseware	Silverware	x	misc	excellent			kitchen
Houseware	Soap Dish	x	misc	excellent	1		kitchen
Houseware	Sponge	x	misc	excellent			kitchen
Houseware	Step Stool	x	misc wood	excellent	1		kitchen
Houseware	Sugar & Creamer	x	misc	excellent			kitchen
Houseware	Tape - Duct	x	gorilla	excellent	2		mudroom
Houseware	Tape - Packing	x	misc	excellent	1		mudroom
Houseware	Tape Gun	x	home depot brand	excellent	1		mudroom
Houseware	Thermos	x	yeti thermos	excellent	1		kitchen
Houseware	Tie Rack	x	kohl's brand	excellent	1		bedroom
Houseware	Toilet Brush	x	misc	excellent	2		bathroom
Houseware	Toilet Paper	x	cottonelle	excellent			bathroom
Houseware	Toiletries	x	misc	excellent	1		bathroom
Houseware	Toothbrush	x	oral b travel brush	excellent	2		bathroom
Houseware	Towel	x	misc	excellent			closet

Category	Item Description	Mark "X" if Yes	Type Brand/manufacture/ model	Condition Fair / Good / Excellent	QTY	Value	Room / Location
Houseware	Towel - Bath	x	misc	excellent			closet
Houseware	Towel - Beach	x	misc	excellent			closet
Houseware	Towel - Hand	x	kohl's brand	excellent			closet
Houseware	Towel - Washcloth	x	kohl's brand	excellent			closet
Houseware	Tupperware	x	misc	excellent			kitchen
Houseware	Tweezers	x	revlon	excellent	1		kitchen
Décor	Area Rug	x	10x14 misc	excellent	1		living room
Décor	Barometer	x	patriot deck barometer	excellent	1		outdoor
Décor	Bath Mat	x	kohl's brand	excellent	4		bathrooms
Décor	Blanket	x	kohl's brand ck size	excellent			bedrooms
Décor	Candle - Scented	x	misc	excellent	5		living room
Décor	Candleholder	x	misc	excellent	2		living room
Décor	Candlestick	x	misc	excellent	1		dining rooms
Décor	Chimes	x	misc	excellent	2		carport
Décor	Curtain	x	misc blackout	excellent	6		bedrooms/lr
Décor	Curtain Rod	x	misc	excellent	3		bedrooms/lr
Décor	Door Mat	x	misc	excellent	2		outdoor
Décor	DVD/CD Rack	x	misc	excellent	1		living room
Décor	Folding Room Screen Divider	x	antique flower sifter	excellent	1		bedroom
Décor	Furniture Cover	x	misc	fair	1		living room
Décor	Hamper	x	wicker basket	good	1		bathroom
Décor	Painting	x	misc custom	excellent	4		throughout
Décor	Photograph	x	misc custom	excellent	2		throughout
Décor	Photograph Album	x	misc	excellent	5		closet
Décor	Photograph Frame	x	hand carved custom	excellent	4		throughout
Décor	Pillow - Floor	x	bed,bath, and beyond	excellent	2		living room
Décor	Plant - Holder, Pot	x	misc	excellent	15		throughout
Décor	Plant - House	x	misc	excellent	15		throughout
Décor	Plaque	x	military	excellent	1		living room
Décor	Table Cloth	x	misc	excellent	1		dining rooms
Décor	Tapestry	x	misc	excellent	2		living room
Décor	Terrarium	x	misc	excellent	2		living room

Category	Item Description	Mark "X" if Yes	Type Brand/manufacture/ model	Condition Fair / Good / Excellent	QTY	Value	Room / Location
Décor	Throw Blanket	x	misc	excellent	2		living room
Décor	Throw Pillow	x	lazyboy	excellent	6		living room
Décor	Toothbrush Holder	x	misc	excellent	2		bathrooms
Décor	Trophy	x	misc	excellent	10		living room
Décor	TV Stand	x	kincaid	excellent	1		living room
Décor	Vase	x	misc	excellent	3		living and bed
Décor	Window Blinds	x	misc	good	3		kitchen & dini
Décor	Wine Rack	x	misc	good	1		kitchen
Décor	Wreath - Door	x	misc	excellent	1		mudroom
Books & Games	Atlas	x	misc	good	1		mudroom
Books & Games	Auto Manual	x	mazda speed 3	excellent	1		living room
Books & Games	Board Game	x	misc	good	10		closet
Books & Games	Book	x	misc	good	150		bedroom
Books & Games	Comic Book	x	misc	good	50		living room
Books & Games	Cook Book	x	misc	good	10		kitchen
Books & Games	Dictionary	x	misc	good	1		
Books & Games	Encyclopedia Set	x	misc	good			living room
Books & Games	Notebook	x	misc	good	10		bedroom
Books & Games	Yearbook	x	misc	excellent	10		bedroom
Furniture	Armoire	x	kincaid	excellent	1		bedroom
Furniture	Bar Stool	x	kincaid	excellent	3		dining rooms
Furniture	Bed	x	kincaid cal king	excellent	2		bedrooms
Furniture	Bed Box Spring	x	tempurpedic	excellent	4		bedrooms
Furniture	Bed Comforter	x	down	excellent	2		bedrooms
Furniture	Bed Duvet	x	misc	excellent	2		bedrooms
Furniture	Bed Duvet Cover	x	misc	excellent	2		bedrooms
Furniture	Bed Frame						bedrooms
Furniture	Bed Mattress	x	tempurpedic ck pro ada	excellent	2		bedrooms
Furniture	Bed Pillow	x	tempurpedic med profi	excellent	4		bedrooms
Furniture	Bed Sheet Set	x	tempurpedic ck sheet	excellent	2		bedrooms
Furniture	Bookcase	x	kincaid	excellent	1		living room
Furniture	Chair - Beanbag	x	misc	excellent	1		living room

Category	Item Description	Mark " X " if Yes	Type Brand/manufacture/ model	Condition Fair / Good / Excellent	QTY	Value	Room / Location
Furniture	Chair - Dining	x	kincaid	excellent	6		dining rooms
Furniture	Chair - Folding	x	misc	excellent	2		closet
Furniture	Chair - Lounger	x	lazyboy greyson leather	excellent	2		living room
Furniture	Chair - Rocking	x	antique wood	excellent	1		porch
Furniture	Coat Rack	x	misc	excellent	1		living room
Furniture	Cocktail Table	x	kinclad	excellent	2		living room
Furniture	Curio Cabinet	x	kincaid	excellent	1		kitchen
Furniture	Dining Table	x	kincaid	excellent	1		kitchen
Furniture	Dresser	x	kincaid	excellent	2		bedroom
Furniture	End Table	x	kincaid	excellent	4		bedrooms
Furniture	Floor Lamp	x	surya	excellent	2		bedrooms
Furniture	Gun Cabinet	x	antique	good	1		mudroom
Furniture	Lamp	x	surya	good	6		bedr & lr
Furniture	Lamp - Floor	x	surya	good	1		
Furniture	Love Seat	x	lazyboy greyson leather	excellent	1		living room
Furniture	Mirror - Standing	x	antique	good	1		bedroom
Furniture	Sofa	x	lazyboy greyson leather	excellent	1		living room
Furniture	Utility Cabinet	x	misc	good	3		mudroom
Electronics	Alarm Clock	x	panasonic	excellent	1		bedroom
Electronics	Batteries	x	misc	excellent			kitchen
Electronics	Camcorder	x	sony hanycam	excellent	1		bedroom
Electronics	Clock - Grandfather	x	antique grandfather	good	1		living room
Electronics	Clock - Wall	x	misc	excellent	1		living room
Electronics	DVD Player	x	sony misc blue ray	excellent	1		living room
Electronics	DVDs	x	misc assorted	excellent	300		living room
Electronics	Headphones	x	beats studio 3	excellent	1		bedroom
Electronics	Light Bulb	x	hortilux 1000 watt	excellent	40		mudroom
Electronics	Remote Control	x	dish network / samsung	excellent	2		living room
Electronics	Scanner	x	brother scanner	excellent	1		bedroom
Electronics	Smoke Detector	x	misc	excellent	3		throughout
Electronics	Speakers	x	beats pill	excellent	2		bedroom
Electronics	Telephone - Cellular	x	android pixel 3	excellent	1		bedroom

Category	Item Description	Mark "X" if Yes	Type Brand/manufacturer/ model	Condition Fair / Good / Excellent	QTY	Value	Room / Location
Electronics	TV - Big Screen	x	50" samsung plasma	excellent	1		living room
Electronics	Vacuum - Upright	x	dyson v11 torque drive	excellent	1		closet
Electronics	Video Game	x	misc xbox one	excellent	10		living room
Electronics	Video Game Console	x	xbox one 1tb	excellent	1		living room
Miscellaneous	Amplifier	x	line 6 1x12	excellent	1		bedroom
Miscellaneous	Cologne	x	misc ck one/ abercrom	excellent	4		bedroom
Miscellaneous	Extension Cord	x	misc orange	excellent	4		mudroom
Miscellaneous	Eye Protector Glasses	x	rayban aviator	excellent	1		bedroom
Miscellaneous	Fire Extinguisher	x	misc	excellent	1		living room
Miscellaneous	Gasoline Can	x	misc walmart brand	excellent	1		mudroom
Miscellaneous	Guitar - Acoustic	x	martin d-45	excellent	1		bedroom
Miscellaneous	Guitar - Electric	x	gibson les paul	excellent	1		bedroom
Miscellaneous	Guitar Case	x	flight cases	excellent	2		bedroom
Miscellaneous	Gun	x	rifles, shotgun, pistols	excellent	6		bedroom
Miscellaneous	Gun Bullets	x	misc rounds	excellent			bedroom
Miscellaneous	Hearing Protector	x	misc	excellent	2		bedroom
Miscellaneous	Household Cleaners - Bathroom	x	misc	excellent	6		bathroom
Miscellaneous	Key	x	mazda speed 3 key	excellent	2		living room
Miscellaneous	Key Ring	x	calpoly key ring	excellent	1		living room
Miscellaneous	Lint Brush	x	standard lint roller	excellent	2		closet
Miscellaneous	Luggage - Set	x	samsonite 3 pce hrd shel	excellent	1		closet
Miscellaneous	Luggage Rack	x	thule canyon xt cargo	excellent	1		mudroom
Miscellaneous	Make Up	x	misc	excellent	1		bathroom
Miscellaneous	Musical Instrument	x	blueridge 183a guitar	excellent	1		bedroom
Miscellaneous	Outlet Power Strip	x	misc home depot	excellent	5		throughout
Miscellaneous	Paint Brush	x	assorted misc	good	5		mudroom
Miscellaneous	Paint Pan	x	misc	good	3		mudroom
Miscellaneous	Paint Roller	x	misc	good	3		mudroom
Miscellaneous	Perfume	x	misc	excellent	2		bathroom
Miscellaneous	Pipe	x	heavy 12"	excellent	1		bedroom
Miscellaneous	Playing Cards	x	misc	excellent	3		living room
Miscellaneous	Poker Chips	x	1000 chip prof. set	excellent	1		

Category	Item Description	Mark " X " if Yes	Type Brand/manufacturer/ model	Condition Fair / Good / Excellent	QTY	Value	Room / Location
Miscellaneous	Shoelaces	x	danner laces 84"	excellent	3		bedroom
Miscellaneous	Tarp	x	misc assorted	good	5		mudroom
Miscellaneous	Umbrella	x	random target brand	excellent	2		closet
Miscellaneous	Wallet	x	khlo's brand	good	1		bedroom
Miscellaneous	Work Hat	x	black trucker hat	good	3		
Clothing & Accessories	Athletic Pants	x	troy lee mountain	excellent	3		bedroom
Clothing & Accessories	Athletic Shirt	x	troy lee ruckus 3/4 sleev	excellent	3		bedroom
Clothing & Accessories	Bandana	x	amazon brand	excellent	10		bedroom
Clothing & Accessories	Beanie	x	carhart	good	1		bedroom
Clothing & Accessories	Belt	x	misc assorted	excellent	3		bedroom
Clothing & Accessories	Blazer	x	misc assorted	excellent	2		bedroom
Clothing & Accessories	Boots, Dress Men's	x	danner forest heights	excellent	1		bedroom
Clothing & Accessories	Boots, Work	x	danner quarry alloy toe	excellent	1		bedroom
Clothing & Accessories	Boxer Shorts	x	hanes	excellent	10		bedroom
Clothing & Accessories	Coat	x	carhart sherpa hooded	good	1		bedroom
Clothing & Accessories	Coat, Fur	x	hemp hoodlamb classic	excellent	1		bedroom
Clothing & Accessories	Cufflinks	x	mother of pearl	excellent	1		bedroom
Clothing & Accessories	Fine Jewelry - Ring	1	18k gold nugget star saph	excellent	1		bedroom
Clothing & Accessories	Gloves, Winter	x	burton xl gloves	excellent	1		bedroom
Clothing & Accessories	Jacket, Outdoor	x	patagonia parka	excellent	1		bedroom
Clothing & Accessories	Jeans	x	calvin Klein	excellent	3		bedroom
Clothing & Accessories	Pajamas	x	misc. assorted plaid	good	3		bedroom
Clothing & Accessories	Raincoat	x	columbia	excellent	1		bedroom
Clothing & Accessories	Robe	x	misc	good	1		bathroom
Clothing & Accessories	Sandal's, Men	x	reef sandals	excellent	1		bedroom
Clothing & Accessories	Shirt, Dress Type	x	calvin Klein athletic	excellent	5		bedroom
Clothing & Accessories	Shoes	x	adidas	excellent	2		bedroom
Clothing & Accessories	Shoes, Athletic	x	510 free riders	excellent	2		bedroom
Clothing & Accessories	Shoes, Men's Dress	x	clarks square toe	excellent	2		bedroom
Clothing & Accessories	Shorts	x	volcom	excellent	3		bedroom
Clothing & Accessories	Slacks, Dress	x	calvin klein	excellent	4		bedroom
Clothing & Accessories	Slippers - Fabric	x	misc	excellent	1		bedroom

Category	Item Description	Mark "X" if Yes	Type Brand/manufacturer/ model	Condition Fair / Good / Excellent	QTY	Value	Room / Location
Clothing & Accessories	Socks	x	misc assorted	excellent	15		bedroom
Clothing & Accessories	Sweater	x	columbia	excellent	1		bedroom
Clothing & Accessories	Swim Shorts	x	o'neil board shorts	excellent	4		bedroom
Clothing & Accessories	Tennis/Running Shoes	x	nike running shoes	good	1		bedroom
Clothing & Accessories	Tie	x	misc assorted	excellent	12		bedroom
Clothing & Accessories	Tie Tack	x	misc assorted	excellent	5		bedroom
Clothing & Accessories	T-Shirt	x	misc assorted hanes	excellent	12		bedroom
Clothing & Accessories	T-Shirt Print	x	misc assorted	excellent	10		bedroom
Clothing & Accessories	Vest	x	calvin klein	excellent	1		bedroom
Clothing & Accessories	Watch - Men's	x	maurice lacroix juir et n	excellent	1		bedroom
Clothing & Accessories	Windbreaker	x	nike hooded windbreak	excellent	1		bedroom
Health	Brace	x	knee brace	excellent	1		bedroom
Health	Crutches	x	standard crutches	good	1		mudroom
Health	Eye Drops	x	visine	good	1		bathroom
Health	First Aid Kit	x	misc	excellent	1		closet
Health	Heating Pad	x	misc rite aid	excellent	1		closet
Health	Medicine - Over The Counter	x	misc	excellent	1		bathroom
Health	Protein Powder	x	kirkland brand	excellent	1		kitchen
Health	Scale	x	misc	good	1		bathroom
Health	Supplements	x	simply silver	good	1		bathroom
Health	Thermometer	x	misc digital	good	1		bathroom
Health	Vitamins	x	misc digital	good	3		kitchen
Health	Water Bottle - Reusable	x	hydro flask	excellent	2		kitchen
Hobby/Crafts	Camera - Digital	x	cannon power shot	excellent	1		bedroom
Hobby/Crafts	Hand Knitted Item	x	beanie	good	1		bedroom
Hobby/Crafts	Knife (Xacto)	x	husky brand	good	3		mudroom
Office	Binder	x	misc	good	5		living room
Office	Briefcase	x	samsonite	excellent	1		closet
Office	Calculator	x	texas instruments graph	excellent	1		bedroom
Office	Calendar	x	misc	excellent	1		kitchen
Office	Clip Board	x	misc wodden	fair	3		bedroom
Office	Computer - Laptop	x	15" 2017 lapto i7 1tb	excellent	1		bedroom

Category	Item Description	Mark "X" if Yes	Type Brand/manufacturer/ model	Condition Fair / Good / Excellent	QTY	Value	Room / Location
Office	Computer Bag	x	pratt leather comp bag	good	1		bedroom
Office	Computer Cable	x	standard apple charger	good	1		bedroom
Office	Computer Chair	x	steelcase gesture chair	excellent	1		living room
Office	Computer Desk	x	misc	good	1		bedroom
Office	Computer Mouse	x	logi tech	excellent	1		bedroom
Office	Computer Printer	x	brother misc model	excellent	1		bedroom
Office	Computer Printer Cable	x	misc brother cables	excellent	1		bedroom
Office	Computer Printer Cartridge	x	color printer cartridge	good	1		bedroom
Office	Desk Lamp	x	steelcase desk lamp	excellent	1		bedroom
Office	Desk Pad	x	misc	excellent	1		bedroom
Office	External Hard Drive	x	apple time machine 2tb	excellent	2		bedroom
Office	Flash Drive - USB	x	1 tb flash drive	good	1		bedroom
Office	iPad	x	apple ipad pro	excellent	1		bedroom
Office	Marker - Highlighter	x	misc	good	5		closet
Office	Marker - Sharpie	x	misc	good	3		closet
Office	Paper Clip Holder	x	misc	excellent	1		closet
Office	Paper Clips	x	misc	excellent			closet
Office	Paper Punch	x	misc	excellent	1		closet
Office	Paper Shredder	x	amazon	excellent	1		bedroom
Office	Pen	x	ball point get	excellent	10		closet
Office	Pencil	x	standard no. 2	excellent	10		closet
Office	Ruler	x	wooden ruler	good	1		closet
Office	Staple Remover	x	misc	excellent	1		closet
Office	Stapler	x	streamline	excellent	1		closet
Office	Staples	x	misc	excellent			closet
Office	Tape	x	misc scotch tape	excellent	3		closet
Office	Tape Dispenser	x	misc	excellent	1		closet
Holiday	Christmas Cookie Cutters	x	misc	excellent	10		kitchen
Holiday	Christmas Decorations	x	misc	excellent	10		mudroom
Holiday	Christmas Ornament - Antique	x	misc	excellent	10		mudroom
Holiday	Christmas Stocking	x	misc	excellent	5		mudroom
Holiday	Christmas Tree Skirt	x	misc	excellent	1		mudroom

Category	Item Description	Mark "X" if Yes	Type Brand/manufacturer/ model	Condition Fair / Good / Excellent	QTY	Value	Room / Location
Holiday	Christmas Tree Stand	x	misc	excellent	1		mudroom
Holiday	Christmas Wrapping Paper	x	misc	good	3		closet
Holiday	Fall Decorations	x	misc	excellent	10		mudroom
Pet & Animal Supply	Dog Bed	x	kong	excellent	6		throughout
Pet & Animal Supply	Dog Collar	x	kong	excellent	2		kitchen
Pet & Animal Supply	Dog Food	x	taste of the wild	excellent	2		kitchen
Pet & Animal Supply	Dog Leash	x	extending leashes	excellent	2		living room
Pet & Animal Supply	Dog Toy	x	misc	excellent-fair	15		throughout
Pet & Animal Supply	Electric Clippers - Animal	x	dremel tool	excellent	1		bathroom
Pet & Animal Supply	Fish Tank	x	120 gallon	excellent	1		living room
Pet & Animal Supply	Fish Tank Decorations	x	misc	good	3		living room
Pet & Animal Supply	Fish Tank Supplies	x	filter, pumps, gravel ect.	excellent			living room
Pet & Animal Supply	Flea & Tick Control	x	vectra 3d year supply	excellent	1		kitchen
Pet & Animal Supply	Kennel	x	large petmate	excellent	2		living room
Pet & Animal Supply	Pet Grooming Supplies	x	misc brushes, clippers..	good			closet
Recreation	Air Mattress	x	woods queen size	excellent	1		mudroom
Recreation	Air Pump	x	misc	excellent	1		mudroom
Recreation	Backpack	x	misc laptop bag	excellent	1		bedroom
Recreation	Baseball Bat	x	lusiville wooden	excellent	1		living room
Recreation	Bench Press	x	golds gym	good	1		carport
Recreation	Bicycle - Adult	x	2018 fugi auric	excellent	1		mudroom
Recreation	Bicycle - Mountain	x	ibis hd4 carbon	excellent	1		bedroom
Recreation	Bicycle Helmet	x	661 patrol	excellent	1		bedroom
Recreation	Bicycle Inner Tubes - Spare	x	2.5 maxxis	excellent	2		closet
Recreation	Bicycle Lock	x	kryptonite 5 ft	excellent	1		mudroom
Recreation	Bicycle Pump	x	lyzene	excellent	1		closet
Recreation	Bicycle Shorts	x	endura humvee	excellent	4		closet
Recreation	Bicycle Stand	x	park tools delux	excellent	1		closet
Recreation	Camp Chair	x	misc big five brand	excellent	3		mudroom
Recreation	Camp Stove	x	coleman 2 burner	excellent	1		closet
Recreation	Camp Stove Fuel Canister	x	4 pack coleman 1lb	excellent	1		closet
Recreation	Cooler	x	yeti tundra 210	excellent	1		closet

Category	Item Description	Mark "X" if Yes	Type Brand/manufacture/ model	Condition Fair / Good / Excellent	QTY	Value	Room / Location
Recreation	Fishing Pole	x	tackle wh misc	good	2		closet
Recreation	Fishing Tackle Box	x	misc	good	1		closet
Recreation	Goggles	x	100% mirror and clear le	good	2		mudroom
Recreation	GPS	x	garmin drive smart	excellent	1		closet
Recreation	Hammock	x	misc 2 person hammock	excellent	1		porch
Recreation	Head Lamp	x	nitecore rechargeable	excellent	2		closet
Recreation	Helmet	x	troy lee d3 carbon	excellent	1		mudroom
Recreation	Insect Repellent	x	off deep woods	good	1		bathroom
Recreation	Kayak	x	bkc tandem fishing	excellent	1		mudroom
Recreation	Life Jacket	x	bass pro ascend	excellent	2		mudroom
Recreation	Paddle	x	black werner paddle	good	1		mudroom
Recreation	Pads - Elbow	x	raceface ambush	good	1		closet
Recreation	Pads - Knee	x	raceface flank	good	1		closet
Recreation	Punching Bag	x	century bob xl	excellent	1		living room
Recreation	Skateboard	x	sector 9	excellent	1		closet
Recreation	Sleeping Bag	x	cabela's moutain trap	excellent	1		closet
Recreation	Snorkeling Set	x	mares x vision + rebel	excellent	1		closet
Recreation	Snowboard Jacket	x	burton men's sherman	good	1		bedroom
Recreation	Surfboard	x	al merric channel islands	good	1		bedroom
Recreation	Tent	x	north face triarch	excellent	1		closet
Recreation	Treadmill	x	proform smart perform	excellent	1		living room
Recreation	Weight Lifting Bell	x	bowflex select tech kett	good	1		living room
Recreation	Weight Set	x	300 lbs olympic w/ bar	excellent	1		living room
Recreation	Wetsuit	x	oneil pyco freak 4/3	good	1		closet
Recreation	Yoga Mat	x	misc	good	1		closet
Tools	Chain Saw	x	husqvarna 12"	excellent	1		mud room
Tools	Circular Saw	x	dewalt 20 volt	good	1		mud room
Tools	Clamp	x	craftsman 5" vice	good	1		porch
Tools	Drill	x	dewalt hammer drill	good	1		closet
Tools	Funnel	x	misc	good	1		car port
Tools	Hammer	x	stiletto	excellent	1		mud room
Tools	Hatchet	x	us marines tactical	good	1		closet

Category	Item Description	Mark "X" if Yes	Type Brand/manufacturer/ model	Condition Fair / Good / Excellent	QTY	Value	Room / Location
Tools	Jumper Cables	x	auto gen cables	good	1		carport
Tools	Ladder	x	misc 8ft ladder	excellent	1		carport
Tools	Level	x	craftsman	excellent	1		closet
Tools	Measuring Tape	x	25ft	excellent	2		closet
Tools	Router	x	night hawk router	excellent	1		living room
Tools	Saw	x	dewalt 20v reciprocating	excellent	1		closet
Tools	Scraper	x	craftsman paint scrape	excellent	1		closet
Tools	Screwdriver	x	phillips and flat heads	excellent	4		closet
Tools	Shop Vacuum	x	rigid 16 gal 6hp	excellent	1		closet
Tools	Socket Set	x	craftsman	excellent	1		closet
Tools	Squeezegee	x	misc	excellent	2		car port
Tools	Wrench	x	craftsman torque wrench	excellent	1		closet
Garden	Blower	x	craftsman gas blower	good	1		mudroom
Garden	Bucket	x	5 gallon bucket	good	5		carport
Garden	Edger - Gas	x	echo gas trimmer	excellent	1		carport
Garden	Garden Gloves	x	ace hardware	excellent	2		closet
Garden	Garden Hose	x	50ft garden hose	good	1		carport
Garden	Hoe	x	craftsman fiberglass	good	2		carport
Garden	Mower - Gas	x	jon deere 42" 20 hp	good	1		carport
Garden	Outdoor Flood Lights	x	schaefer outdoor lights	excellent	4		throughout
Garden	Plant Sprayer	x	hudson portable atomiz	excellent	1		closet
Garden	Planter Box - Flowers & Plants	x	cedar plant box	good	2		porch
Garden	Pot - Ceramic	x	misc assorted	good	8		throughout
Garden	Pot - Clay	x	misc assorted	good	4		throughout
Garden	Potted Plants	x	misc assorted	excellent	12		throughout
Garden	Pruning Shear	x	misc	excellent	4		closet
Garden	Rake	x	home depot brand	excellent	1		carport
Garden	Shovel	x	home depot brand	excellent	2		carport
Garden	Soil	x	fox farms soil	excellent	5		carport
Garden	Watering Can	x	home depot brand	excellent	2		carport
Garden	Wheelbarrow	x	craftsman	excellent	1		carport
Outdoor	Barbecue	x	webber grill	excellent	1		porch

